

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000852**

1. Entity Name

JEFFERSON PLAZA, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



Principal Place of Business 2665 SOUTH BAYSHORE DR., SUITE 302 COCONUT GROVE FL 33133 US	Mailing Address 2665 SOUTH BAYSHORE DR., SUITE 302 COCONUT GROVE FL 33133-5402 US
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2. Principal Place of Business 1501 Collins Ave. Suite, Apt. #, etc. 3rd Floor	3. Mailing Address 1501 Collins Ave. Suite, Apt. #, etc. 3rd Floor
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City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33139	Country U.S.

4. FEI Number 65-0459168	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEUNIER, JEAN-MARC
2665 SO. BAYSHORE DR., SUITE 302
COCONUT GROVE FL 33133

7. Name and Address of New Registered Agent

Name: Meunier, Jean-Marc
Street Address (P.O. Box Number is Not Acceptable): 1501 Collins Ave.
3rd Floor
City: Miami Beach FL Zip Code: 33139

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$9,200,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	L9400000220
NAME	JEFFERSON PLAZA MANAGEMENT, LC
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302
CITY - ST - ZIP	MIAMI FL 33133

13. ADDRESS CHANGES ONLY

STREET ADDRESS	1501 Collins Ave, 3rd Floor
CITY - ST - ZIP	Miami Beach, FL 33139
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: *4/28/00* Daytime Phone #: *305-538-0135*

C-12 (01) (9/99)