


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000852**

1. Entity Name . . . . .  
**JEFFERSON PLAZA, LTD.**



Principal Place of Business      Mailing Address

1501 COLLINS AVENUE, 3RD FLOOR      1501 COLLINS AVENUE, 3RD FLOOR  
MIAMI BEACH FL 33139      MIAMI BEACH FL 33139  
US      US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

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

**6. Name and Address of Current Registered Agent**

**JOHN C. SUMBERG, P.A.**  
**200 SOUTH BISCAYNE BOULEVARD, SUITE 2500**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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. I am familiar with and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

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 FL. 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 #	L94000000220
NAME	JEFFERSON PLAZA MANAGEMENT, LC
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302
CITY - ST - ZIP	MIAMI FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	1100000159360
CITY - ST - ZIP	05/10/04-80026-016 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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:**  **JEAN MARC MEUNIER** h/w/joy 305-538-0135  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Telephone #