


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**


**FILED  
Jan 22, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # A93000000852**  
1. Entity Name  
JEFFERSON PLAZA, LTD.



Principal Place of Business 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131 US	Mailing Address 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LP CR2E003 (12/06)

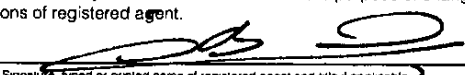
4. FEI Number 65-0459168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JACQUES, BARBERA  
701 BRICKELL AVE, STE 1460  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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.**

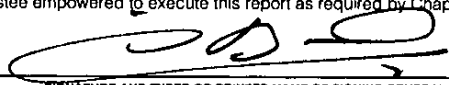
12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L94000000220
NAME	JEFFERSON PLAZA MANAGEMENT, LC
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302
CITY-ST-ZIP	MIAMI, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000597990  
01/24/07-80059-004 500.00

**DO NOT WRITE  
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER