


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A93000000852**

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



|   |   |
|---|---|
| Principal Place of Business<br><b>701 BRICKELL AVENUE<br/>         SUITE 1460<br/>         MIAMI, FL 33131 US</b> | Mailing Address<br><b>701 BRICKELL AVENUE<br/>         SUITE 1460<br/>         MIAMI, FL 33131 US</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-LP CR2E003 (12/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br><b>65-0459168</b>                        | Applied For<br>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

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

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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, 2008, 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                     |                                 |

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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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_