


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 04, 2004 8:00 am
Secretary of State

02-23-2004 90347 018 ****50.00

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| DOCUMENT # L03000005474 | |  | |
| 1. Entity Name JEFFERSON PARKVIEW APARTMENTS, LLC | | | |
| Principal Place of Business 801 ALTON ROAD, #2 MIAMI BEACH, FL 33139 | | Mailing Address 801 ALTON ROAD, #2 MIAMI BEACH, FL 33139 | |
| 2. Principal Place of Business 801 Alton Road | | 3. Mailing Address | |
| Suite, Apt. #, etc. #2 | | Suite, Apt. #, etc. SAME | |
| City & State Miami Beach | | City & State | |
| Zip FL | Country Dade | Zip | Country |
| 4. FEI Number 273 73 1197 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | |
| 8. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BURKETT, CHARLES W-IV 801 ALTON ROAD, #2 MIAMI BEACH, FL 33139 | | 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 <i>[Signature]</i> | | DATE 2/12/04 | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM (Managing Member) BURKETT, CHARLES 801 Alton Dr, #2 MIAMI Beach FL 33139 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes. | | | |
| SIGNATURE: <i>[Signature]</i> | | DATE 2/12/04 (305) 534-0102 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |