


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # L94000000220**

1. Entity Name  
**JEFFERSON PLAZA MANAGEMENT, L.C.**



Principal Place of Business <b>701 BRICKELL AVE          SUITE 1460          MIAMI, FL 33131</b>	Mailing Address <b>701 BRICKELL AVE          SUITE 1460          MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>65-0446642</b>	Applied For <input type="checkbox"/> Not Applicable
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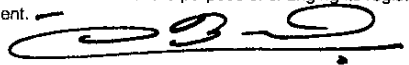
5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BARBERA, JAQUES  
 701 BRICKELL AVE  
 SUITE 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. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2007**

00000598485  
 01/24/07-80076-023 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRI, MARC 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURRI, JACQUES 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNERO, MARIO 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUES, BARBERA 1501 COLLINS AVE. MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #