


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90004 038 \*\*\*\*50.00

**DOCUMENT # L04000026263**

1. Entity Name  
340 JEFFERSON, LLC



Principal Place of Business 345 OCEAN DRIVE, STE. 521 MIAMI BEACH, FL 33139	Mailing Address 345 OCEAN DRIVE, STE. 521 MIAMI BEACH, FL 33139
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**DO NOT WRITE IN THIS SPACE**

20012313



02262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0104014	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VALORI, PETER  
345 OCEAN DRIVE, STE. 521  
MIAMI BEACH, FL 33139

**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:  \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALORI, PETER 345 OCEAN DRIVE, STE. 521 MIAMI BEACH, FL 33139
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**DO NOT WRITE  
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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: 3-27-06  Daytime Phone # \_\_\_\_\_