

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000852

1. Entity Name
JEFFERSON PLAZA, LTD.



Principal Place of Business
**1501 COLLINS AVENUE, 3RD FLOOR
MIAMI BEACH FL 33139
US**

Mailing Address
**1501 COLLINS AVENUE, 3RD FLOOR
MIAMI BEACH FL 33139
US**



MOORE CR2E003 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

4. FEI Number
65-0459168

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN C. SUMBERG, P.A.
200 SOUTH BISCAYNE BOULEVARD, SUITE 2500
MIAMI FL 33131**

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

Signature (typed or printed name of registered agent and title if applicable)

DATE

9. Capital Contributions
as Shown on record

\$9,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY- ST- ZIP

11000000159360

05/10/04-80026-016 526.25

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CITY- ST- ZIP

14. 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 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

Signature Phone #

JEAN MARC MEUNIER 4/20/04 305-538-0135

STAPLE CHECK HERE