

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

2005 APR 11 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



04052005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
65-0459168

Applied For  
Not Applicable

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  
MILTON ROBINSON  
Street Address (P.O. Box Number is Not Acceptable)

701 BRICKELL AVE, SUITE 1460  
City MIAMI FL Zip Code 33131

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 4/5/05

Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions  
as Shown on record. \$9,200,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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

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CITY-ST-ZIP

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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

Daytime Phone #

4/5/05 305-538-030

STAPLE CHECK HERE