

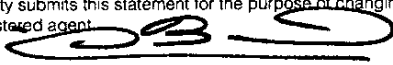
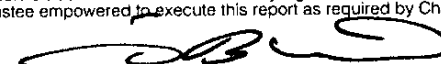


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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<b>DOCUMENT # A93000000852</b>					
<b>1. Entity Name</b> JEFFERSON PLAZA, LTD.					
<b>Principal Place of Business</b> 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139 US			<b>Mailing Address</b> 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139 US		
<b>2. Principal Place of Business</b> 701 Brickell Avenue Suite, Apt. #, etc. 1460 City & State Miami, Fla. Zip 33131 Country USA		<b>3. Mailing Address</b> 701 Brickell Avenue Suite, Apt. #, etc. 1460 City & State Miami, Fla. Zip 33131 Country USA			
<b>4. FEI Number</b> 02032006 Chg-LP CR2E003 (11/05) 65-0459168				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ROBINSON, MILTON 701 BRICKELL AVE, STE 1460 MIAMI, FL 33131	
<b>7. Name and Address of New Registered Agent</b> Name JACQUES BARBERA Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave Suite 1460 City Miami, FL Zip Code 33131				<b>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.</b> SIGNATURE  Jacques Barbera 3/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	L94000000220		STREET ADDRESS		
NAME	JEFFERSON PLAZA MANAGEMENT, LC		CITY-ST-ZIP		
STREET ADDRESS	2665 S. BAYSHORE DR., SUITE 302				
CITY-ST-ZIP	MIAMI, FL 33133				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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STREET ADDRESS					
CITY-ST-ZIP					
<b>14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes</b>					
<b>SIGNATURE:</b>  Jacques Barbera, Mgr. 3/24/06			305-538-0135		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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