2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # L0000013171 1. Entity Name LNR JEFFERSON, LLC						05-03-2005	90019 049 ****	50.00		
Principal Place of Business 1601 WASHINGTON AVE. 8TH FLOOR MIAMI, FL 33139		Mailing Address 101 MARIETTA STREET NW SUITE 3600 ATLANTA, GA 30308					1988 (111 1 18)			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005	Chg-LLC	CR2E083 (10/03)	I			
City & State		City & State		4. FEI Numbe 65-105			pplied For ot Applicable			
Žip	Country	Zip	Count	try	5. Certificate	Certificate of Status Desired				
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Agent			
I NR JEEF	ERSON HOLDINGS, INC.			Name						
1601 WAS	HINGTON AVE., 8TH FL ACH, FL 33139		Street Address (ss (P.O. Box Numbi	(P.O. Box Number is Not Acceptable)				
	,									
				City			FL Zip Coo	de		
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								, 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) OATE										
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Fi	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER		10.				ke check payable to a Department of Stat	te		
9.	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBER MGRM	RS/MANAGERS	10.			Florid	ke check payable to a Department of Stat	Addition		
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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. I NR Jefferson Holdings, Inc., managing member

SIGNATURE: BY: Sulland	Steven N. Bjerke	4/24/05	(305) 695-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER,	OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #