

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013171

1. Entity Name

LNR JEFFERSON, LLC



FILED

03 MAR 13 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

~~760 N.W. 107TH AVENUE, SUITE 300~~  
~~MIAMI FL 33172~~

Mailing Address

101 MARIETTA STREET NW  
SUITE 3600  
ATLANTA GA 30308

2. Principal Place of Business

1601 Washington Ave, 8th Floor

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Zip

33139

Country

Zip

Country

4. FEI Number 65-1050137

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LNR JEFFERSON HOLDINGS, INC.

~~760 N.W. 107TH AVENUE, SUITE 300~~  
~~MIAMI FL 33172~~

7. Name and Address of New Registered Agent

Name

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

1601 Washington Ave, 8th Floor

City

Miami Beach

FL

Zip Code

33139

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

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State  
Due By May 1, 2003

200014062293  
03/13/03--01044--016 \*\*50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME LNR JEFFERSON HOLDINGS, INC.  
STREET ADDRESS ~~760 N.W. 107TH AVENUE, SUITE 300~~  
CITY-ST-ZIP ~~MIAMI FL 33172~~

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE 1601 Washington Ave, 8th Floor ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Miami Beach, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/13/03 404.817.3966

CR2E083 (10/02)