

FILED

03 APR 30 AM 10: 23

SECRETARY OF STATE
TALLAHASSEE FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000008413					
1. Entity Name 824 JEFFERSON AVENUE, L.L.C.					
Principal Place of Business 20818 W. DIXIE HIGHWAY AVENTURA, FL 33180			Mailing Address P.O. BOX 403353 MIAMI BEACH, FL 33140		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0448613	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired ☐				5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORFINKEL, NESTOR B 20818 WEST DIXIE HIGHWAY AVENTURA, FL 33180			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 (NOTE: Registered Agent's signature required when electing)					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR BRAFMAN, YAAKOV P.O. BOX 403353 MIAMI BEACH, FL 33140			10001756005 04/30/03--01051--012 **0.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR WEBERMAN, ELI P.O. BOX 403353 MIAMI BEACH, FL 33140			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 606, Florida Statutes.					
SIGNATURE: <i>Nestor B. Gorfinkel</i> AUTHORIZED REPRESENTATIVE 4/28/03 305-538-1536					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Case Daytime Phone #					

CREATED BY 410/02