

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

0017414

DOCUMENT # **LC2000020078**

JEFFERSON PLAZA MEZZANINE, LLC



OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATION

03 DEC 22 PM 2:12 *LR 1/02/04*

Principal Place of Business Mailing Address
1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH FL 33139
1501 COLLINS AVENUE, THIRD FLOOR MIAMI BEACH FL 33139

REINSTATEMENT 2003



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **52-2369726** Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
SUMBERG, JOHN C P.A.
~~200 SOUTH BISCAYNE BLVD, SUITE 2500~~
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name *Andrew Kuyat*
Street Address (P.O. Box Number is Not Acceptable)
1501 Collins Avenue 3rd 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]* DATE *12/15/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE <i>MGR</i> NAME STREET ADDRESS CITY-ST-ZIP	ERIC FAZILLEAU <input type="checkbox"/> Delete 1501 COLLINS AVE, 3rd FLOOR MIAMI BEACH, FL 33139
TITLE <i>MGR</i> NAME STREET ADDRESS CITY-ST-ZIP	BERNARD ATTAL <input type="checkbox"/> Delete 1501 COLLINS AVE, 3rd FLOOR MIAMI BEACH, FL 33139
TITLE <i>MGR</i> NAME STREET ADDRESS CITY-ST-ZIP	KIRK FRIEDLAND <input type="checkbox"/> Delete 1501 COLLINS AVE, 3rd FLOOR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Delete <i>2003</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900017896369 05/02/03--01056--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* SIGNATURE REQUIRED DATE *4/29/03*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)