


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

04-12-2005 90014 038 ****50.00

DOCUMENT # L02000020078
 1. Entity Name
JEFFERSON PLAZA MEZZANINE, LLC



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

30010636



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

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
52-2369726 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROBINSON, MILTON
1501 COLLINS AVENUE, THIRD FLOOR
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 Name **MILTON ROBINSON**
 Street Address (P.O. Box Number is Not Acceptable)
701 BRICKELL AVE. SUITE 1460
 City **MIAMI** FL Zip Code **33131**

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  DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
 Florida Department of State

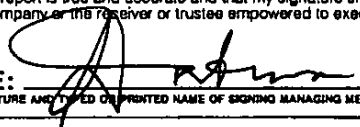
9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	FAZILLEAU, ERIC	1501 COLLINS AVE, 3RD FLOOR	MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/>
MGR	ATTAL, BERNARD	1501 COLLINS AVE, 3RD FLOOR	MIAMI BEACH, FL 33139	<input type="checkbox"/>
MGR	FRIEDLAND, KIRK	1501 COLLINS AVE, 3RD FLOOR	MIAMI BEACH, FL 33139	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MILTON ROBINSON	701 BRICKELL AVE #1460	MIAMI, FL 33131	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  Date **5/31/05** Defer to Phone 1