## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT #L02000020078



**FILED** Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90009 010 \*\*\*\*50.00

Proclose Process (Posteriors   Process   Proce	JEFFERSON PLAZA MEZZANINE, LLC							)				
Subsection   Florence   House   Florence   F	1501 COLLINS AVENUE, THIRD FLOOR				1501 COLLINS AVENUE, THIRD FLOOR							
City State  City S		<del>, , , , , , , , , , , , , , , , , , , </del>	ress ell	Avenue	701 Brickell Avenue							
Size	140	00	<u> </u>	-						····		
ROBINSON, MILTON 7.0 BRICKELL AVE SUITE 1460 MIAMI, FL 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 namiae with, and accept the childipations of registered agent.  **SIGNATURE**  **TO Brickel Adverse Suite 1460 City Hiami FL 22 Cacks STEEL Adverse Agent by Mile American agent, or both, in the State of Florida. I am namiae with, and accept the childipations of registered agent.  **SIGNATURE**  **TO Brickel Adverse Suite 1460 City Hiami FL 22 Cacks STEEL ADVESS BARGERA  **SIGNATURE**  **TO Brickel Adverse Agent by Mile Adverse Agent by	Mia	Miami, H.				Micani +1			52-2369726 Not Applicable			
ROBINSON, MILTON 701 BRICKELL AVE SUITE 1460 MIAMI, FL 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 family a wint, and accept the obligations of registered agent.  SIGNATURE:  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 family at wint, and accept the obligations of registered agent.  FL 28 Cades 3.  TO Brickell Assets of Florida. I am family at wint, and accept the obligations of registered agent. Or both, in the State of Florida. I am family at wint, and accept the obligations of registered agent. Or both, in the State of Florida. I am family at wint, and accept the obligations of registered agent. Or both, in the State of Florida. I am family at wint, and accept the obligations of registered agent. Or both, in the State of Florida. I am family at wint, and accept the obligations of registered agent. Or both, in the State of Florida. I am family a wint, and accept the obligations of registered agent.  FILING For is \$50.00  Bake check payable to Florida Department of State  FILING For is \$50.00  Make check payable to Florida Department of State  FILING For is \$50.00  Make check payable to Plorida Caparity of State (Plorida Department of State)  INITE  MACE  ATTAIL, BERNARD  INITE  MACE  ATTAIL, BERNARD  INITE  MACE  ATTAIL, BERNARD  INITE  MACE  ATTAIL, BERNARD  INITE  MACE  ATTAIL BERNARD  INITE	33/	*33131 ""'USA			22/3/			Fee Required				
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 Forda. I am familier with, and accept the obligations of registered agent.    SIGNATURE	ROBINSON, MILTON 701 BRICKELL AVE SUITE 1460							Name Jacques Barbera Street Address (P.O. Box Number is Not Acceptable)  701 Brickell Avenue Suite 1460 City Lie Zig Code				
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES   MANAGERS	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  JACQUES BARBERA  3/24/2006											
TITLE NAME ATTAL, BERNARD STREET ADDRESS CITY-ST-ZP STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL 33139 STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL 33131 STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL 33131 STREET ADDRESS CITY-ST-ZP MIAMI BEACH, FL 33131 STREET ADDRESS CITY-ST-ZP STREET ADD			y 1, 2000	<b>.</b>				Fiorida Department of State				
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FRIEDLAND, KIRK STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP NAME ROBINSON, MILTON 701 BRICKELL AVE, # 1460 CITY-ST-ZIP NITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET	NAME STREET ADDRESS	ATTAL, B 1501 COI	LLINS AVI	•		NAM STRI	EET ADDRESS					
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:  TACQUES  T	NAME STREET ADDRESS				☐ Delete	NAM STR	EET ADDRESS			☐ Chang	e Addition	
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:  TACQUES	NAME STREET ADDRESS				☐ Delete	NAA STR	AE EET ADDRESS			☐ Chang	e 🔲 Addition	
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:  Jacques Barbera, Mar. (305) 538-0135	NAME STREET ADDRESS				□ Delete	NAA STR	re Eet address			☐ Chang	e 🔲 Addition	
SIGNATURE: JACQUES DArbera, 1762 (305)338-0135 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRÉSENTATIVE DAIS DAYSIME Phono 9	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											
	SIGNAT	URE:	AND TYPED O	R PRINTED NAME OF	SIGNING MANAGING MEMBE	PR, MANAGER, O	PACG	UES DA	Date Date	Daytime Phone	138-0135	