


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90009 010 \*\*\*\*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**

2. Principal Place of Business      3. Mailing Address  
**701 Brickell Avenue**      **701 Brickell Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1460**      **1460**

City & State      City & State  
**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country  
**33131**      **USA**      **33131**      **USA**

02032006    Chg-LLC    CR2E083 (11/05)

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**  
**701 BRICKELL AVE**  
**SUITE 1460**  
**MIAMI, FL 33131**

**7. Name and Address of New Registered Agent**

Name      **Jacques Barbera**  
 Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Avenue 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.

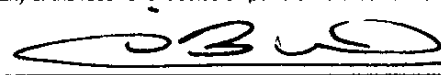
SIGNATURE  **JACQUES BARBERA**      DATE **3/24/2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**Filing Fee is \$50.00 Due by May 1, 2006**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATTAL, BERNARD 1501 COLLINS AVE, 3RD FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIEDLAND, KIRK 1501 COLLINS AVE, 3RD FLOOR MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBINSON, MILTON 701 BRICKELL AVE, # 1460 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M JACQUES BARBERA 701 BRICKELL AVENUE #1460 MIAMI, FLA 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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:  **Jacques Barbera, Mgr.**      Date **3/24/2006**      Daytime Phone # **(305) 538-0135**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #