


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000016393

1. Entity Name
 JEFFERSON TERRACE APARTMENTS, LLC



Principal Place of Business _____ Mailing Address _____
 201 E. DI LIDO DRIVE 201 E. DI LIDO DRIVE
 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 US

DO NOT WRITE IN THIS SPACE



01192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-1365190 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

SONN, TERRI
 20801 BISCAYNE BOULEVARD
 SUITE 501
 AVENTURA, FL 33180

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDELSTEIN, AARON J 201 E DILIDO DR MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EDELSTEIN, BERNIE 1221 BISCAYNE DR SURFRIDE, FL 33154
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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)(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]* Date: 3/23/05 Daytime Phone #: 305 532-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE