

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90030 045 ****50.00

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01182006No Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000016393
 1. Entity Name
JEFFERSON TERRACE APARTMENTS, LLC



Principal Place of Business 201 E. DI LIDO DRIVE MIAMI BEACH, FL 33139 US	Mailing Address 201 E. DI LIDO DRIVE MIAMI BEACH, FL 33139 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1366400 51-1168234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Aaron J. Edelstein* **4/17/06** **305 532-5577**

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