

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

1997 MAR -3 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT #L94000000220**

JEFFERSON PLAZA MANAGEMENT, L.C.  
2665 SOUTH BAYSHORE DRIVE STE. 302  
COCONUT GROVE FL 33133

1a. Principal Place of Business Address

2665 SOUTH BAYSHORE DRIVE STE  
COCONUT GROVE FL 33133

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/24/1994	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		65-0446642	
				5. Date of Last Report	6. Certificate of Status Desired
				02/21/1996	SB 75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent

CONSTRUCTA, INC.  
2665 SOUTH BAYSHORE DRIVE STE. 302  
COCONUT GROVE FL 33133

8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code
FL	

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MEUNIER, JEAN-MARC	2665 SOUTH BAYSHORE DRIVE	COCONUT GROVE FL
MGRM	PIETRI, MARC	2665 SOUTH BAYSHORE DRIVE	COCONUT GROVE FL
MGRM	MOURRI, JACQUES	2665 SOUTH BAYSHORE DRIVE	COCONUT GROVE FL

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\*\*\*\*212.50 \*\*\*\*212.50

758  
3147

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** **Jean-Marc Meunier**

(305) 858-7749

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #