

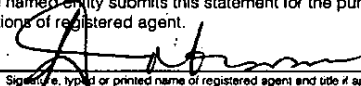
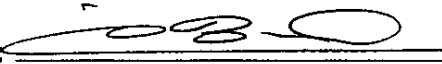


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90014 039 ****50.00

DOCUMENT # L94000000220 1. Entity Name JEFFERSON PLAZA MANAGEMENT, L.C.					
Principal Place of Business 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139			Mailing Address 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04052005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 65-0446642	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent SUMBERG, JOHN C P.A. 200 SOUTH BISCAYNE BLVD., STE. 2500 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name MILTON ROBINSON Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE, 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  DATE 4/5/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MEUNIER, JEAN-MARC 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIETRI, MARC 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOURRI, JACQUES 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARNERO, MARIO 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUES, BARBERA 1501 COLLINS AVE. MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JACQUES, BARBERA 1501 COLLINS AVE. MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
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:  DATE 4/5/05 Daytime Phone # 305-538-0131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					