## 2006 LIMITED LIABILITY COMPANY

## Mar 28, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L9400000220 03-28-2006 90009 011 \*\*\*\*50.00 1. Entity Name JEFFERSON PLAZA MANAGEMENT, L.C. 20021483 Principal Place of Business Mailing Address 1501 COLLINS AVENUE, 3RD FLOOR 1501 COLLINS AVENUE, 3RD FLOOR MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 2. Principal Place of Business 3. Mailing Address Bric 01 Bricke Suite, Apt. #, etc. 02032006 CR2E083 (11/05) Chg-LLC 460 ⊋vite Applied For 4. FEI Number 65-0446642 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACQUES BARBERA ROBINSON, MILTON Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE **SUITE 1460** MIAMI, FL 33131 Drickell Avenue City 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. BARBERA, MANAGE JACQUES SIGNATURE Signature, typed or printed name of regis Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Channe Channe ☐ Addition MEUNIER, JEAN-MARC NAME NAME STREET ADDRESS 1501 COLLINS AVENUE, 3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-7IP MGR Delete TITLE TITLE ☐ Change ☐ Addition NAME PIETRI, MARC 1501 COLLINS AVENUE, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition MOURRI, JACQUES NAME NAME STREET ADDRESS 1501 COLLINS AVENUE, 3RD FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition GARNERO, MARIO NAME NAME 1501 COLLINS AVENUE, 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE JACQUES, BARBERA NAME NAME 1501 COLLINS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP

FILED

☐ Change

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 the and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing r limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAMÉ

STREET ADDRESS

CITY-ST-ZIP