

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L94000000220

1. Entity Name
JEFFERSON PLAZA MANAGEMENT, L.C.



Principal Place of Business

**701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131**

Mailing Address

**701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131**

DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0446642

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARBERA, JAUQUES
701 BRICKELL AVE
SUITE 1460
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000598485
01/24/07-80076-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PIETRI, MARC
STREET ADDRESS	1501 COLLINS AVENUE, 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	MOURRI, JACQUES
STREET ADDRESS	1501 COLLINS AVENUE, 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	GARNERO, MARIO
STREET ADDRESS	1501 COLLINS AVENUE, 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	MGR
NAME	JACQUES, BARBERA
STREET ADDRESS	1501 COLLINS AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

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

Date

Daytime Phone #