

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



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

FILED
99 FEB -8 AM 8:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership **1a. DOCUMENT #**
A98000001292

JAFFE REAL ESTATE INVESTMENTS, II, LTD.

Mailing Address 18999 BISCAYNE BOULEVARD AVENTURA FL 33180	Principal Office Address 18999 BISCAYNE BOULEVARD AVENTURA FL 33180	3. Date Formed or Registered 05/21/1998	5a. Capital Contributions as Shown on record \$250,000.00
2. Mailing Address	2a. Principal Office Address	3b. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0837549
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country	8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent GOLDMAN, BRUCE J 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES FL 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) JAFFE REAL ESTATE, II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 18999 BISCAYNE BOULEV	11b. City, State & Zip Code AVENTURA FL 33180	11c. Registration/ Document Number P98000042488
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300002773358 -- 2
-02/11/98 -- 01081 -- 014
***526.25 ***526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12-18-98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)