

2001 UNIFORM BUSINESS REPORT (UBR)

0003063 AF

DOCUMENT # A98000001292
 1. Entity Name
JAFFE REAL ESTATE INVESTMENTS, II, LTD.

FILED

01 MAY -2 PM 12:02

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **10081 PINES BLVD., SUITE A, PEMBROKE PINES FL 33024**
 Mailing Address: **10081 PINES BLVD., SUITE A, PEMBROKE PINES FL 33024**

2. Principal Place of Business: **555 SW 12th Ave, Suite 101, Pompano Bch, FL 33069, USA**
 3. Mailing Address: **555 SW 12th Ave, Suite 101, Pompano Bch, FL 33069, USA**

4. FEI Number: **65-0837549**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**GOLDMAN, BRUCE J
 2701 LE JEUNE ROAD
 SUITE 404
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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.

SIGNATURE: _____ (NOT: Registered Agent's signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$250,000.00**
 10. Amount of Capital Contributions in FLORIDA to date: _____
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION!

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000042488
NAME	JAFFE REAL ESTATE, II, INC.
STREET ADDRESS	18999 BISCAYNE BOULEVARD
CITY-ST-ZIP	AVENTURA FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED *[Signature]* Date: 4-12-01 Daytime Phone #: 954-933-0421

CR2E003 (11/00)