
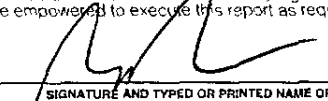


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # A0000001082					
1. Entity Name ROSS JAFFE MATZ PARTNERS, LTD.					
Principal Place of Business 3325 S. UNIVERSITY DRIVE SUITE #210 DAVIE, FL 33328		Mailing Address 3325 S. UNIVERSITY DRIVE SUITE #210 DAVIE, FL 33328			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc		Suite, Apt #, etc			
City & State		City & State			
Zip		Country		4. FEI Number 65-1022839	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GOLDMAN, BRUCE J 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Sign above, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$4,875,000.00		10. Amount of Capital Contributions in FLORIDA to date			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P00000051470	STREET ADDRESS			
NAME	ROSS MATZ RJM I INC	CITY - ST - ZIP			
STREET ADDRESS	3325 S. UNIVERSITY DRIVE				
CITY - ST - ZIP	DAVIE, FL 33328				
DOCUMENT #	P00000045894	STREET ADDRESS			
NAME	JAFFE ENTERPRISES I INC	CITY - ST - ZIP			
STREET ADDRESS	10081 PINES BLVD SUITE A		U00000158212 05/07/04-80012-014 526 25		
CITY - ST - ZIP	PEMBROKE PINES, FL 33134				
DOCUMENT #		STREET ADDRESS			
NAME		CITY - ST - ZIP			
STREET ADDRESS					
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STREET ADDRESS					
CITY - ST - ZIP					
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 623, Florida Statutes.					
SIGNATURE: 		Barry Ross		4-20-04 954-452-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date		Daytime Phone #	

STAPLE CHECK HERE