2005 LIMITED PARTNERSHIP ANNUAL REPORT
___Due By May 1, 2005

FILED Feb 08, 2005 08:00 AM Secretary of State

1, Entity Nar	DOCUMENT # A0100001161 1. Entity Name JAHF PROPERTIES, LTD., LLLP					Secretary of State			
1 '	ce of Business INE STREET, SUITE 1400 L 32801	Mailing Address P.O. BOX 3068 ORLANDO, FL 328	302-3	068				fir basis water from 1994 a	NIST SINGER OF CHIE
2. Principal	2. Principal Place of Business			<u> </u>					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.	<u> </u>		<u> </u>	01032005	Chg-LP	CR2E003 (10	⁷ 03)
City & Sta	t9	City & State				4. FEI Number 59-3742	054		Applied For Not Applicable
Zip	Country	Zîp		Coun	niry	i	Status Desired	□ \$8.75 Fee Re	Additional
	6. Name and Address of Cui	rent Registered Agent	1		Name	7. Name and A	ddress of New F	Registered Agent	
301 EAST	AMELA O ESQ. PINE STREET, SUITE 140 D, FL 32801	00			Street Address (P.O. Box Number	is Not Acceptable		Code
9. The about	named entity submits this statemen	not for the number of change			City	ad appeal or both	in the State of Ele	FL	
	a named entity submits this statement tions of registered agent.	ant for the purpose of changin	gues re	3Giæreue	ad guida ot teôlater	ed agent, or both,	in the State of Fr	onda. Familamillar	with, and accept
SIGNATURE	SIGNATURE Signature, typed of printed name of registered agent and little if explicable.							DATE	<u> </u>
9. Capital Co	on record. \$5,000,000.00		to date	e.	\$7000				
•	NOTE: General Partners	ER THAT IS A BUSINESS MAY NOT be changed o	en the	form	us i BE REGIS i ; an amendmen	t must be filed	to change a g	eneral partner.	
12.	12. GENERAL PARTNER INFORMATION DOCUMENT P0100085654					<u>, </u>	ADDRESS CH	ANGES ONLY	
NAME STREET ADDRESS CITY-ST-ZIP	TADDRESS 301 EAST PINE STREET, SUITE 1400		\ \		ET ADDRESS .				
DOCUMENT #	CKLANDO, I'L 32001	<u>ئى دىنى - بەلى بىرى تەسىي دىمى.</u>	-	STRE	ET ADDRESS		<u> </u>		
NAME STREET ADDRESS — CITY-ST-ZIP	- · · · · · · ·		4		-SI-ZIP	- U00000220061 02/08/05-80053-016 141.25			
DOCUMENT / NAME				STRE	et address				
STREET ADDRESS CITY-ST-ZIP		·	_	CITY-	-SI-ZIP				
DOCUMENT / NAME STREET ADDRESS				STREI	ET ADDRESS		<u> </u>		
CITY-ST-ZIP			_,	CITY-	-ST-78-	<u> </u>			
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CITY-ST-ZIP DOCUMENT F NAME	<u> </u>		<u> </u>	 		·		<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP	_			ł	ST-ZIP				
indicated	certify that the information supplied on this report is true and accurate yer or trustee empowered to execu	and that my signature shall he this report as required by C	ave thi	e same	a legal elfect as if m	ction 119.07(3)(i), ade under oath; ti	Florida Statutes. I nat 1 am a Genera	further certify that tale. Partner of the limit	he information ed partnership or
SIGNIAT	JAHF, Le	la O		1.6	ဝ	1.2	8-05		
SIGNAL	SIGNATURE AND TYPE	ED OR PRINTED NAME OF SIGNING OF	NERA).	PARTNE	R .		Date	Daytime Pho	ne #