


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

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

DOCUMENT # A01000001319

1. Entity Name
ROSS JAFFE MATZ PARTNERS II, LTD.




Principal Place of Business
**3325 SOUTH UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328**

Mailing Address
**3325 SOUTH UNIVERSITY DRIVE, SUITE 210
DAVIE, FL 33328**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country



04122004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-1158957 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: **\$3,450,000.00**

10. Amount of Capital Contributions in FLORIDA to date

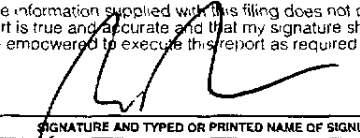
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000085761	STREET ADDRESS	
NAME	JAFFE ENTERPRISES II, INC.	CITY - ST - ZIP	
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101		
CITY - ST - ZIP	POMPANO BEACH, FL 33069		
DOCUMENT #	P01000085764	STREET ADDRESS	
NAME	ROSS MATZ RJM II, INC.	CITY - ST - ZIP	
STREET ADDRESS	3325 SOUTH UNIVERSITY DRIVE, SUITE 210		
CITY - ST - ZIP	DAVIE, FL 33328		
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Barry Ross** 4-20-04 954-452-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #