


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

**FILED**  
 05 APR 29 PM 5:56  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A04000001149</b> 1. Entity Name <b>JAFFE CHESTNUT HILL, LTD.</b>					
Principal Place of Business <b>555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069</b>			Mailing Address <b>555 S.W. 12TH AVENUE, SUITE 101 POMPANO BEACH, FL 33069</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOLDMAN, BRUCE J 2701 LE JEUNE ROAD, SUITE 404 CORAL GABLES, FL 33134</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> 4. FEI Number 01142005 Chg-LP CR2E003 (10/03) 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
SIGNATURE _____			DATE _____		
9. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L04000051761		STREET ADDRESS		
NAME	JAFFE-LASMAN, LLC		CITY-ST-ZIP		
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 620, Florida Statutes					
SIGNATURE: _____			Date: 4/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		

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