

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 AUG -8 AM 10:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A04000001149
 1. Entity Name
 JAFFE CHESTNUT HILL, LTD.



Principal Place of Business: 555 S.W. 12TH AVENUE, SUITE 101, POMPANO BEACH, FL 33069
 Mailing Address: 555 S.W. 12TH AVENUE, SUITE 101, POMPANO BEACH, FL 33069

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

03212007 Chg-LP CR2E003 (12/06)
 4. FEI Number APPLIED FOR 77-0641457 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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	L04000051761	STREET ADDRESS	
NAME	JAFFE-LASMAN, LLC	CITY-ST-ZIP	
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	500108404735
STREET ADDRESS			08/22/07--01010--005 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____