


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 1:28

DOCUMENT # A04000001149

1. Entity Name
 JAFFE CHESTNUT HILL, LTD.



Principal Place of Business New Mailing Address address

~~555 S.W. 12TH AVENUE, SUITE 101~~ ~~555 S.W. 12TH AVENUE, SUITE 101~~
~~POMPANO BEACH, FL 33069~~ ~~POMPANO BEACH, FL 33069~~

6499 Powerline Rd., Suite 205 same
Ft. Lauderdale, FL 33309



04222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 77-0641457 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLDMAN, BRUCE J
 2701 LE JEUNE ROAD, SUITE 404
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

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, 2008, Fee will be \$900.00

800131003778
 06/09/08--01002--016 **500.00

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

DOCUMENT #	L04000051761
NAME	JAFFE-LASMAN, LLC
STREET ADDRESS	555 S.W. 12TH AVENUE, SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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DO NOT WRITE IN THIS SPACE

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 # _____

STAPLE CHECK HERE