

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br>1999   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |                                       |
|--|--|---|---------------------------------------|
| 1. Name of Limited Partnership<br><br>JAFFER ASSOCIATES, LTD.  |  | 1a. DOCUMENT #<br>A24903  |                                       |
| Mailing Address<br>P.O. BOX 370227<br>MIAMI FL 33137   |  | Principal Office Address<br>2801 NW 6 AVENUE<br>MIAMI FL 33137  |                                       |
| 2. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |  | 2a. Principal Office Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |                                       |
|  |  | 3. Date Formed or Registered<br>07/22/1987  |                                       |
|  |  | 3a. Date of Last Report<br>10/03/1997   |                                       |
|  |  | 4. State or Country of Formation<br>FL  |                                       |
|  |  | 5a. Capital Contributions as Shown on record.<br>\$1,090,000.00   |                                       |
|  |  | 5b. Amount of Capital Contributions in FLORIDA to date:<br>1,090,000  |                                       |
|  |  | 6. FEI Number<br>59-2831360   |                                       |
|  |  | 7. Certificate of Status Desired<br><input checked="" type="checkbox"/> \$8.75 Additional Fee Required  |                                       |
|  |  | 8. Make check payable to: Dept. of State (See reverse side for fee information)   |                                       |
| 9. Name and Address of Current Registered Agent<br>FRIEDLANDER, EUGENE C<br>2801 NW 6 AVENUE<br>MIAMI FL 33127   |  | 10. If changed, new Registered Agent/Office<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, etc.<br>City FL Zip Code                                    |                                       |
| 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  |  |   |                                       |
| SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____  |  |   |                                       |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY<br>MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.   |  |   |                                       |
| 11. Name(s) of General Partner(s)  | 11a. Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code   | 11c. Registration/<br>Document Number |
| JAFFER ASSOCIATES, INC.  | 2801 NW 6TH AVE.   | MIAMI FL  | M55595                                |
| 000002735730--0<br>-01/08/98--01124--008<br>****535.00 ****535.00  |  |   |                                       |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  |  |   |                                       |
| 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. |  |   |                                       |
| SIGNATURE _____  |  | DATE 12/18/98   |                                       |
| Typed or Printed Name of General Partner Signing Form Eugene Friedlander, President of   |  | Daytime Telephone Number 305-576-7363   |                                       |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 22 AM 9:46



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