

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 DEC 15 PM 12: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

1. Name of Limited Partnership  
**JAFFA ROAD V LIMITED PARTNERSHIP**

1a. DOCUMENT #  
**A32427**



*OK-AR  
CN*

Mailing Address: P.O. BOX 1438 TAMPA FL 33601

Principal Office Address: C/O J. BOB HUMPHRIES, ESQ. 205 N. MARION STREET TAMPA FL 33602

2. Mailing Address, 2a. Principal Office Address, Suite, Apt. #, etc., City & State, Zip Country

3. Date Formed or Registered: 12/31/1991

3a. Date of Last Report: 03/25/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: \$498,750.00

5b. Amount of Capital Contributions in FL ORIDA to date: \$ 498,750.00

6. FEI Number: 59-3149585

7. Certificate of Status Desired:  \$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  
**HUMPHRIES, J. BOB, ESQUIRE  
FOWLER, WHITE, GILLEN, ET AL  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602**

10. If changed, new Registered Agent/Office  
Name, Street Address (P.O. Box Number is Not Acceptable), Suite, Apt. #, etc., City, State, 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
<b>JAFFA ROAD (FLORIDA) MANAGEM</b>	<del>205 N. MARION STREET</del> <b>100 E. Madison, #100</b>	<b>TAMPA FL</b>	<b>P36922</b>
			<b>200002378172--5</b> <b>-12/19/97--01092--009</b> <b>****541.25 ****541.25</b>

CP2E003 (6/97)

**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 **12/12/97**

By: **Hugh A. MacArthur, Assistant Secretary** (813) 866-8299

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_