

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 MAR 25 AM 11:47



*ht 3/25/97*

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

1a. DOCUMENT #  
**A93000001257**

Mailing Address <b>C/O J. BOB HUMPHRIES, ESQ. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602</b>	Principal Office Address <b>205 N. MARION ST. TAMPA FL 33602</b>
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>11/30/1993</b>	5a. Capital Contributions as Shown on record. <b>\$8,309,159.75</b>
3a. Date of Last Report <b>12/26/1995</b>	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number <b>APPLIED FOR 59-3373031</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 <b>HUMPHRIES, J. BOB ESQ. C/O FOWLER, WHITE, GILLEN, ET AL 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602</b>	10. if changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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>	<b>205 N. MARION STREET</b>	<b>TAMPA FL 33602</b>	<b>P36922</b>
<b>500002127075--1</b> -03/28/97--01083--004 ****576.25 ****576.25			

**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 and submit to the Secretary of State, Florida Statutes.

SIGNATURE *Hugh A. MacArthur* DATE **2/14/97**  
 By: **Hugh A. MacArthur, Assistant Secretary** (813) 866-8299  
 Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (6/95)