

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



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

FILED

97 DEC 15 AM 8:29

SECRETARY OF STATE



LIMITED PARTNERSHIP ANNUAL REPORT 1998

1. Name of Limited Partnership
JAFFA ROAD XLVII LIMITED PARTNERSHIP

1a. DOCUMENT #
A93000001257

98-AR cm

2. Mailing Address	2a. Principal Office Address
C/O J. BOB HUMPHRIES, ESQ. 801 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602	205 N. MARION ST. TAMPA FL 33602
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
11/30/1993	\$6,309,159.75
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
03/25/1997	\$ 6,309,159.75
4. State or Country of Formation	6. FEI Number
FL	59-3373031 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)
<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent

HUMPHRIES, J. BOB ESQ.
C/O 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 _____ 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 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
JAFFA ROAD (FLORIDA) MANAGEM	205 N. MARION STREET 100 E. Madison Street, #100	TAMPA FL 33602	P36922

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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** Daytime Telephone Number **(813) 866-8299**

CR2E003 (6/97)