

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
97 DEC 15 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership
1a. DOCUMENT #
A94000001832

JAFFA ROAD LVIII LIMITED PARTNERSHIP *AS-AP CM*



Mailing Address C/O J. BOB HUMPHRIES, ESQ. 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602		Principal Office Address 205 N. MARION STREET TAMPA FL 33602		3. Date Formed or Registered 12/31/1994	5a. Capital Contributions as Shown on record. \$9.99
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 03/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date. \$ 9.99
City & State		City & State		6. FEI Number NOT APPLICABLE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 HUMPHRIES, J. BOB ESQ. C/O FOWLER, WHITE, 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	Zip Code FL

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) JAFFA ROAD (FLORIDA) MANAGEM	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 N. MADISON STREET 100 E. Madison Street, #100	11b. City, State & Zip Code TAMPA FL 33602	11c. Registration/Document Number P38922
400002376624-5 -12/18/97-01072-022 ****156.25 ****156.25			

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 as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **12/12/97**
By: **Hugh A. MacArthur, Assistant Secretary**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **(813) 866-8299**

CR2E003 (6/97)