

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001091**

1. Entity Name
JAFFE REAL ESTATE INVESTMENTS LIMITED

FILED

00 MAR 27 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
18999 BISCAYNE BOULEVARD
AVENTURA FL 33180

Mailing Address
18999 BISCAYNE BOULEVARD
AVENTURA FL 33180-2814

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
10081 PINES BLVD.
Suite, Apt. #, etc.
Suite A
City & State
PEMBROKE PINES, FL
Zip
33024
Country
US

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0831146** Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WOLIS, DAVID A
C/O NEMSER & WOLIS, P.A.
18999 BISCAYNE BLVD., SUITE 204-A
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name
GOLDMAN POWELL J.
Street Address (P.O. Box Number is Not Acceptable)
2701 Le JEUNE RD STE 404
City
CORAL GABLES FL Zip Code
33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  DATE **3/1/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$400,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P98000039219
NAME	JAFFE REAL ESTATE, INC.
STREET ADDRESS	18999 BISCAYNE BOULEVARD
CITY - ST - ZIP	AVENTURA FL 33180
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	800003197898--6
CITY - ST - ZIP	-04/06/00--01040--010
	***526.25 ***526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED** DATE **3/1/00** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)