

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009487 AT

**DOCUMENT # A98000001091**

1. Entity Name  
**JAFFE REAL ESTATE INVESTMENTS LIMITED**

FILED

02 MAY -3 PM 3: 29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business: 555 S.W. 12TH AVE., STE. 101, POMPANO BEACH FL 33069

Mailing Address: 555 S.W. 12TH AVE., STE. 101, POMPANO BEACH FL 33069

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

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

**GOLDMAN, BRUCE J**  
2701 LEJEUNE RD., SUITE 404  
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000039219	STREET ADDRESS	
NAME	JAFFE REAL ESTATE, INC.	CITY-ST-ZIP	
STREET ADDRESS	18999 BISCAYNE BOULEVARD		
CITY-ST-ZIP	AVENTURA FL 33180		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100005578131--3
STREET ADDRESS			-05/22/02--01006--023
CITY-ST-ZIP			****526.25 ****526.25
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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]* **GARY S. GARDNER Esq.** Date: 4-1-02 Daytime Phone #: 954-933-0421

CR2E003 (9/01)