

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009604 AT

<b>DOCUMENT # A98000001091</b> 1. Entity Name <b>JAFFE REAL ESTATE INVESTMENTS LIMITED</b>	
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FILED  
03 MAY -5 PM 3: 11  
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
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>65-0831146</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  GOLDMAN, BRUCE J 2701 LEJEUNE RD., SUITE 404 CORAL GABLES FL 33134	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. <b>\$400,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # <b>P98000039219</b> NAME <b>JAFFE REAL ESTATE, INC.</b> STREET ADDRESS <b>18999 BISCAYNE BOULEVARD</b> CITY-ST-ZIP <b>AVENTURA FL 33180</b>	STREET ADDRESS CITY-ST-ZIP 800017921288 05/05/03--01003--002 **526.25
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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

<b>SIGNATURE:</b> 	Date <b>4-11-03</b>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		

STAPLE CHECK HERE

CR2E003 (10/02)