

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED**

06 MAY - 11:34 PM  
11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

**DOCUMENT # A98000001292**  
1. Entity Name  
JAFJE REAL ESTATE INVESTMENTS, II, LTD.



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

**DO NOT WRITE IN THIS SPACE**

01102006 No Chg-LP      CR2E003 (11/05)

4. FEI Number 65-0837549	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GOLDMAN, BRUCE J  
2701 LE JEUNE ROAD  
SUITE 404  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 #	P98000042488
NAME	JAFJE REAL ESTATE, II, INC.
STREET ADDRESS	555 SW 12TH AVE., #101
CITY-ST-ZIP	POMPANO BEACH, FL 33069
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200074756092  
05/17/06--01019--008 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*      Date: 4-18-06      Daytime Phone #: 854-933-0421  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER