

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

08 MAY 22 PM 3: 50

DOCUMENT # A98000001292

1. Entity Name
JAFFE REAL ESTATE INVESTMENTS, II, LTD.



Principal Place of Business **→ New address** Mailing Address **New address**
555 S.W. 12TH AVE., STE. 101 555 S.W. 12TH AVE., STE. 101
POMPAÑO BEACH, FL 33069 POMPAÑO BEACH, FL 33069

6499 Powerline Rd
Suite 205
Ft. Lauderdale, FL 33309



DO NOT WRITE IN THIS SPACE

04222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0837549 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 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, 2008, 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 JAFFE REAL ESTATE, II, INC.
STREET ADDRESS 555 SW 12TH AVE., #101
CITY-ST-ZIP POMPAÑO BEACH, FL 33069

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700130088527
05/22/08--01024--018 **\$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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #