

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 NOV 12 PM 3: 23

1. Name of Limited Partnership

1a. DOCUMENT #  
**B94000000429**



**NEW BOSTON JACARANDA LIMITED PARTNERSHIP**

Mailing Address

ONE LONGFELLOW PLACE, SUITE 3612  
BOSTON MA 02114-2434

Principal Office Address

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

3. Date Formed or Registered

10/25/1994

5a. Capital Contributions as Shown on record.

\$1,400,000.00

3a. Date of Last Report

02/14/1997

5b. Amount of Capital Contributions in FLORIDA to date.

\$1,400,000

4. State or Country of Formation

DE

6. FEI Number

04-3249589

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BUTT, JEFFREY ESQ.  
201 EAST KENNEDY BLVD., SUITE 1000  
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

100002349711-7

City

1171797-0122

\*\*\*\*541.25 FL \*\*\*\*541.25

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

NEW BOSTON FUND, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

ONE LONGFELLOW PLACE,

11b. City, State & Zip Code

BOSTON MA 02114

11c. Registration/Document Number

F93000002967

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(2)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  
*Jerome L. Rappaport, Jr.*  
Jerome L. Rappaport, Jr., President of New Boston Fund, Inc.,  
the General Partner of New Boston Jacaranda Limited Partnership  
Typed or Printed Name of General Partner Signing Form

DATE 11/7/97

Daytime Telephone Number 617-723-7760

CR2E003 (6/97)