
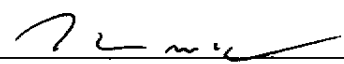


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32117</b> 1. Entity Name JDRP 79TH AVE. ASSOCIATES, L.P., LTD.					
Principal Place of Business 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634			Mailing Address 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3086585	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABRAMS, ALLAN 4710 EISENHOWER BLVD., STE. C-1 TAMPA, FL 33634				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$465,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P35958		STREET ADDRESS		
NAME	79TH AVE. 91 CORP.		CITY-ST-ZIP		
STREET ADDRESS	4710 EISENHOWER BLVD #C-1		U00000361705 05/05/05-80087-008 526.25		
CITY-ST-ZIP	TAMPA, FL 336346334		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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> 			<b>KRISTOPHER M. HOOVER</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small> <b>4/14/05</b>		
			<small>Daytime Phone #</small> <b>813-889-8855</b>		

STAPLE CHECK HERE