

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 11 PM 12:33

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SECRETARY OF STATE



1. Name of Limited Partnership
JDRP ASSOCIATES NO. 2, LTD.

1a. DOCUMENT #
A32121

Mailing Address
**% THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634**

Principal Office Address
**% THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634**

3. Date Formed or Registered
10/16/1991

5a. Capital Contributions as Shown on record.
\$1,379,076.00

3a. Date of Last Report
01/18/1996

5b. Amount of Capital Contributions in FLORIDA to date:
\$1,379,076.00

4. State or Country of Formation
FL

6. FEI Number
59-3089784 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)

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**HOROWITZ, LAWRENCE D.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334**

10. If changed, new Registered Agent/Office
Name
ALLAN ABRAMS
Street Address (P.O. Box Number Is Not Acceptable)
4710 EISENHOWER BOULEVARD
Suite, Apt #, etc.
SUITE C-1
City
TAMPA FL Zip Code
33634-6334

10a. Pursuant to the provisions of sections 620.105-1 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) *Allan Abrams* DATE **11/5/96**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
JDRP 79TH AVE. ASSOCIATES, L	4710 EISENHOWER BLVD.	TAMPA FL	A32117

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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 of non-compliance with Section 119.07(3)(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 *Allan Abrams* DATE **11/25/96**
Typed or Printed Name of General Partner Signing Form **JDRP 79th Ave Associates, LP, GP by 79th Ave '91 Corp, GP by Allan Abrams, Chairman/Tres** Daytime Telephone Number **(813) 889-8855**

CR2E003 (6/96)