

2001 UNIFORM BUSINESS REPORT (UBR)

0013897 AF

DOCUMENT # A32121
 1. Entity Name
JDRP ASSOCIATES NO. 2, LTD.

FILED
 01 FEB -8 PM 12:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3089784** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABRAMS, ALLAN
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$1,379,076.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	A32117
NAME	JDRP 79TH AVE. ASSOCIATES, L.P.
STREET ADDRESS	4710 EISENHOWER BLVD.
CITY-ST-ZIP	TAMPA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	400003677134--9
CITY-ST-ZIP	-02/13/01--01080--018 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

James J. Shapiro, President 79th Ave 91 Corp, G.P. JDRP 79th Ave. Assoc., LP
SIGNATURE: *James J. Shapiro* **SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER**
 Date **2/1/01** Daytime Phone # **813-889-8855**

CR2E003 (11/00)