


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # A32121 1. Entity Name JDRP ASSOCIATES NO. 2, LTD.	
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Principal Place of Business % THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634	Mailing Address % THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3089784		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
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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.

9. Capital Contributions as Shown on record. \$1,379,076.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	A32117 JDRP 79TH AVE. ASSOCIATES, L.P. 4710 EISENHOWER BLVD. TAMPA, FL	STREET ADDRESS CITY - ST - ZIP	4710 Eisenhower Blvd, STE C-1 Tampa, FL 33634
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STAPLE CHECK HERE

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

SIGNATURE:  **Christopher M. Hoyer** 3/26/04 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #