


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

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



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

Zip Country Zip Country

04072005 Chg-LP CR2E003 (10/03)
 4. FEI Number Applied For
 59-3089784 Not Applicable

5. Certificate of Status Desired \$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., SUITE C-1 TAMPA, FL 33634-6334		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. 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.

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 #	A32117	STREET ADDRESS	000000361704
NAME	JDRP 79TH AVE. ASSOCIATES, L.P.	CITY-ST-ZIP	05/05/05-80087-007 526.25
STREET ADDRESS	4710 EISENHOWER BLVD., STE. C-1		
CITY-ST-ZIP	TAMPA, FL 33634		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: Kristopher M. Hoover Date: 4/14/05 Daytime Phone #: 813-889-8855