

2001 UNIFORM BUSINESS REPORT (UBR)

0013941 AF

DOCUMENT # A32714
 1. Entity Name
JDRP-NW12 ASSOCIATES, L.P., LTD.

FILED

01 FEB -8 PM 12:42

SECRETARY OF STATE



Principal Place of Business: **4710 EISENHOWER BOULEVARD TAMPA FL 33634**
 Mailing Address: **4710 EISENHOWER BOULEVARD TAMPA FL 33634**

DO NOT WRITE IN THIS SPACE

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

4. FEI Number **59-3110491**
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record: **\$3,601,653.00**
 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 #	P37987
NAME	NW12 CORP.
STREET ADDRESS	4710 EISENHOWER BLVD.
CITY-ST-ZIP	TAMPA FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000003677130--1 -02/13/01--01080--016 ***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 NW 12 Corp
 SIGNATURE: *James J. Shapiro* **REQUIRED**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER
 Date: **2/1/01** Daytime Phone #: **813-889-8855**

CP2E003 (11/00)