


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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 04 APR 19 PM 2:12

**DOCUMENT # A32714**


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



Principal Place of Business  
 4710 EISENHOWER BOULEVARD  
 TAMPA, FL 33634

Mailing Address  
 4710 EISENHOWER BOULEVARD  
 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



01142004 Chg-LP CR2E003 (10/03)

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. 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. **\$3,601,653.00**

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 #	P37987	STREET ADDRESS	4710 Eisenhower Blvd, STE C-1
NAME	NW12 CORP.	CITY-ST-ZIP	Tampa, FL 33634
STREET ADDRESS	4710 EISENHOWER BLVD.		
CITY-ST-ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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: 3/26/04 Daytime Phone #: 813-889-8855

STAPLE CHECK HERE