


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

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



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



2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc.      Suite, Apt # etc

04072005    Chg-LP    CR2E003 (10/03)

City & State      City & State

4. FEI Number      Applied For  
 59-3110491      Not Applicable

Zip      Country      Zip      Country

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	
NAME	NW12 CORP.	CITY-ST-ZIP	
STREET ADDRESS	4710 EISENHOWER BLVD., STE C-1		000000381721
CITY-ST-ZIP	TAMPA, FL 33634		05/05/05-80087-022 526.25
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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: Christopher M. Hoover      Date: 4/14/05      Daytime Phone #: 813-889-8855