2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A32714** JDRP-NW12 ASSOCIATES, L.P., 07 MAY 18 AM 9: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4710 EISENHOWER BOULEVARD 4710 EISENHOWER BOULEVARD TAMPA, FL 33634 TAMPA, FL 33634 01292007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3110491 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABRAMS, ALLAN DO NOT WRITE 4710 EISENHOWER BLVD SUITE C-1 IN THIS SPACE TAMPA, FL 33634-6334 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P37987 500103607205 05/31/07--01025--021 **500.00 NAME NW12 CORP. 4710 EISENHOWER BLVD., STE C-1 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: