


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013712 AT

**DOCUMENT # A32714**

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



**FILED**

03 MAY -6 PM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**DUE BY MAY 1, 2003**

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. \_\_\_\_\_

**11. MAKE CHECK PAYABLE TO FL. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P37987	STREET ADDRESS	
NAME	NW12 CORP.	CITY-ST-ZIP	
STREET ADDRESS	4710 EISENHOWER BLVD.		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	<b>100018304121</b>
NAME		CITY-ST-ZIP	<b>05/06/03 - 01000 - 001 ***526.25</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		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

**SIGNATURE:** Signature Required *Stephen M. How* **02/24/03** **813-869-8858**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

SIMPLE CHECK HERE