

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 DEC 11 PM 12:32

BA-11



1. Name of Limited Partnership
JDRP ASSOCIATES NO. 3, LTD.

1a. DOCUMENT #
A32760

2. Mailing Address
C/O THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634

2a. Principal Office Address
C/O THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634

Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered
03/30/1992

3a. Date of Last Report
01/18/1996

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$3,601,653.00

5b. Amount of Capital Contributions in FLORIDA to date:
\$3,601,653.00

6. FEI Number
59-3115021 Applied For Not Applicable

7. Certificate of Status Desired \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
HOROWITZ, LAWRENCE D.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334

10. If changed, new Registered Agent/Office

Name ALLAN ABRAMS
Street Address (P.O. Box Number is Not Acceptable)
4710 EISENHOWER BOULEVARD
Suite, Apt. #, etc.
SUITE C-1
City TAMPA FL 33634-6334

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Allan Abrams* DATE 11/25/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
JDRP-NW12 ASSOC., L.P.	%4710 EISENHOWER BL, #	TAMPA FL	A32714
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *Allan Abrams* DATE 11/25/96
JDRP-NW12 Associates, LP, GP by NW12 Corp, GP by Allan Abrams, Chairman & Treasurer
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (813) 889-8855

CR2E003 (6/96)