

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A32760

1. Entity Name
JDRP ASSOCIATES NO. 3, LTD.

FILED
4/12/20
00 APR 12 PM 3:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634	Mailing Address C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3115021		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
ABRAMS, ALLAN 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334				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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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 DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # NAME STREET ADDRESS CITY - ST - ZIP	A32714 JDRP-NW12 ASSOC., L.P. %4710 EISENHOWER BL, #C-1 TAMPA FL	STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	700003223217--8
DOCUMENT #		CITY - ST - ZIP	-04/25/00--01075--010
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
DOCUMENT #		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

NW 12th Corp, GP JDRP NW 12th Assoc., LTD, GP
SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**
 Date: **4-5-00** Daytime Phone #: **813-889-8855**

CFR2E003 (9/99)