

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001203**

1. Entity Name

**JDRP ASSOCIATES NO. 5, LTD.**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAR 28



Principal Place of Business  
**4710 EISENHOWER BLVD..SUITE C-1  
TAMPA FL 33634-6334**

Mailing Address  
**4710 EISENHOWER BLVD..SUITE C-1  
TAMPA FL 33634-6334**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**65-0454783**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ABRAMS, ALLAN D  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$2,896,520.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # **B93000000504**  
NAME **JDRP-ROSE ASSOCIATES, L.P., LTD.**  
STREET ADDRESS **4710 EISENHOWER BLVD., SUITE C-1**  
CITY-ST-ZIP **TAMPA FL 33634-6334**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**400005184124--1**

**04/03/02 01006 027**

**\*\*\*\*\*526.25 \*\*\*\*\*526.25**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/1/02**

**703-736-9400**

Date

Daytime Phone #

CR2E003 (9/01)

0013520 AT

STAPLE CHECK HERE