

2002 UNIFORM BUSINESS REPORT (UBR)

0013520 AT

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DUE BY MAY 1, 2002

City & State	City & State	4. FEI Number 65-0454783	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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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
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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

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
STREET ADDRESS	04/03/02 01006 027
CITY-ST-ZIP	****526.25 ****526.25

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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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]* **3/1/02** **703-736-9400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE