


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A93000001203
 1. Entity Name
JDRP ASSOCIATES NO. 5, LTD.



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.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04072005 Chg-LP CR2E003 (10/03)

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

7. Name and Address of New Registered Agent

**ABRAMS, ALLAN D
 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. 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 **\$2,896,520.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **B93000000504**
 NAME **JDRP-ROSE ASSOCIATES, L.P., LTD.**
 STREET ADDRESS **4710 EISENHOWER BLVD., SUITE C-1**
 CITY-ST-ZIP **TAMPA, FL 336346334**

STREET ADDRESS
 CITY-ST-ZIP **UDR0000361716
 05/05/05-80087-019 526.25**

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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

STAPLE CHECK HERE

SIGNATURE:  **CHRISTOPHER M. HOOPER** ^{4/14/05} **813-889-8855**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #