

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 10, 2006 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



03132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0454783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ABRAMS, ALLAN D
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 336346334

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000563831
05/20/06-80027-011 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kristopher Hoyer
President

3/13/06

813-889-8855

DATE

Daytime Phone #