

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 11 PM 12:24

SECRETARY OF STATE



1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000504

JDRP-ROSE ASSOCIATES, L.P., LTD.

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

Principal Office Address  
4710 EISENHOWER BLVD., SUITE C-1  
TAMPA FL 33634-6334

3. Date Formed or Registered  
11/18/1993

5a. Capital Contributions as  
Shown on record.  
\$391,030.00

3a. Date of Last Report  
01/18/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date:  
\$391,030.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation  
DE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number  
65-0454789

☐ Applied For  
☐ Not Applicable

City & State

City & State

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HOROWITZ, LAWRENCE D  
4710 EISENHOWER BLVD., SUITE C-1  
TAMPA FL 33634-6334

10. If changed, new Registered Agent/Office

Name

ALLAN ABRAMS

Street Address (P.O. Box Number Is Not Acceptable)

4710 EISENHOWER BOULEVARD

Suite, Apt. #, etc.

SUITE C-1

City

TAMPA

FL

Zip Code  
33634-6334

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

11/25/96

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

ROSE '93 CORP.

4710 EISENHOWER BLVD.

TAMPA FL 33634

F83000005262

000002029280--1  
-12/16/96--01002--022  
\*\*\*\*576.25 \*\*\*\*576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

ROSE '93 CORP, GP by Allan Abrams, Chairman and Treasurer

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (813) 889-8855

CR2E003 (6/96)