3/29/02 NUM: B930000000044 T: ACT VE O CO FET#: 03-0114789

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

CROSS REF: JDRP-ROSE ASSOCIATES, L.P.

PRINCIPAL: 4710 EISENHOWER BLVD., SUITE C-1

ADDRESS TAMPA, FL 33634-6334

RA NAME : ABRAMS, ALLAN

RA ADDR

: 4710 EISENHOWER BLVD., SUITE C-1

TAMPA, FL 33634-6334 US

ANN REP : (1999) I 11/30/98 (2000) I 04/12/00 (2001) I 02/08/01

O2 APR 17 AM 8: 54
SECREPARY OF STATE
AND AN AREA
ORIDA

1. MENU, 3. PARTNERS

ENTER SELECTION AND CR:

700005307747--8 -04/19/02--01031--021 \*\*\*1007.79 \*\*\*1007.79

NAME CHG: 12/11/96

b93-504

FF \$1,007.79



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 2, 2002

JDRP-ROSE ASSOCIATES, L.P., LTD. 4710 EISENHOWER BLVD., STE. C-1 TAMPA, FL 33634-6334

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

Ref. Number: B93000000504

We have received your document for JDRP-ROSE ASSOCIATES, L.P., LTD. and check(s) totaling \$2276.25. However, your check(s) and document are being returned for the following:

The fee to file the supplemental affidavit is \$1007.79 and the fee to file the annual report/uniform business report is \$526.25. The total fee due for both filings is \$1534.04. Please return the supplemental affidavit and the annual report/uniform business report together with the appropriate fee.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section

Division of Corporations Letter Number: 102A00019407

OZ APR 17 AM 8: 51
SECRETARY OF STATE

## SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FLORIDA LIMITED PARTNERSHIP

The undersigned	general partners ofJDRP-RO	SE ASSOCIATES, L.P., LI	מים.
Florida Statutes.	artnership, executed this supplement		ection 620.112,
	JULY		
FURTHER AFF	LANT SAYETH NOT.		
Under penalties of best of my knowled	f perjury I declare that I have read th dge and belief.	ne foregoing and that the facts	are true, to the
	General Partn	ner(s)	
		1	
. <del></del>	V. V.		
NHS20(1/00)	Fees: \$7 per \$1000, based on additicontributions Minimum \$ 52,50 Maximum \$1750.00  Make checks payable to Florida Depar Division of Corpor P.O. Box 632 Tallahassee, FL 3	tment of State and mail to: rations	O2 APR 17 AM 8: 54 SECRETARY OF STATE TALLAHASSEE, FLORIDA