


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004.

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # B93000000504 1. Entity Name JDRP-ROSE ASSOCIATES, L.P., LTD.	
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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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City & State	City & State
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Zip	Country	Zip	Country
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01142004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0454789	Applied For Not Applicable
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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 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
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. \$535,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	F93000005262
NAME	ROSE '93 CORP.
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	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000131443
CITY - ST - ZIP	04/27/04 000005 001 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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)(f), 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:  **Kristopher M. Hoover** 3/26/04 613-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE