### 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # B93000000504

1. Entity Name

JDRP-ROSE ASSOCIATES, L.P.



Principal Place of Business TAMPA, FL 33634-6334

4710 EISENHOWER BLVD., SUITE C-1

Mailing Address

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

# **FILED** Mar 14, 2008- 08:00 A Secretary of State



01082008 No Chg-LP

CR2E003 (12/06)

<ol><li>FEI Number</li></ol>	
65-0454789	

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent.</li></ol>	ent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

GENERAL PARTNER INFORMATION 12. F93000005262 DOCUMENT # NAME ROSE '93 CORP. STREET ADDRESS 4710 EISENHOWER BLVD., SUITE C-1 CITY-ST-ZIP TAMPA, FL 336346334 DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STAPLE CHECK STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

000000858838 04/01/08-80061-006 500.00

## DO NOT WRITE IN THIS SPACE

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 PARTNE