

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 25 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A31654		
1. Entity Name JDRP - MLB ASSOCIATES, L.P., LTD.		

Principal Place of Business C/O THE PETER LAWRENCE GROUP 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634	Mailing Address C/O THE PETER LAWRENCE GROUP 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33634
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04072005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3074165	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ABRAMS, ALLAN 4710 EISENHOWER BLVD SUITE C-1 TAMPA, FL 33634-6334		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 _____ Signature, typed or printed name of registered agent and title if applicable	DATE _____
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9. Capital Contributions as Shown on record. \$690,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P34318 MLB 91 CORP. 4710 EISENHOWER BLVD. TAMPA, FL 33634	STREET ADDRESS CITY-ST-ZIP	4710 Eisenhower Blvd., STE C-1 Tampa, FL 33634
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	388854349843 05/13/05--01003--012 **526.25
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>KRISTOPHER M. HODNER</u>	Date: <u>4/14/05</u>	Daytime Phone #: <u>813-889-8855</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		