2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31654

1. Entity Name

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

FILED 4/20

00 APR 12 PM 3:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O THE PETER LAWRENCE GROUP 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634	C/O THE PETER LAWRENCE GROUP 4710 EISENHOWER BLVD., SUITE C-1 TAMPA FL 33634-6334

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3074165 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $406,628.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P34318	STREET ADDRESS	
NAME	MLB 91 CORP.		
STREET ADDRESS	4710 EISENHOWER BLVD.	CITY-ST-ZIP	
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200003223222--3
NAME			-04/25/00--01075--013
STREET ADDRESS		CITY-ST-ZIP	****526.25 ****526.25
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DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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)(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

MLB '91 Corp., GP

SIGNATURE: _____ 4-5-00 813-889-8899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

00136318 AF