


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 04 APR 19 PM 2:12

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

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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01142004 Chg-LP CR2E003 (10/03)

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

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. \$690,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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	4710 Eisenhower Blvd, STE C-1
NAME	MLB 91 CORP.	CITY-ST-ZIP	Tampa, FL 33634
STREET ADDRESS	4710 EISENHOWER BLVD.		
CITY-ST-ZIP	TAMPA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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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: Kristopher M. Hawver Date: 3/26/04 Daytime Phone #: 813-889-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER