

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A31654

1. Entity Name
 JDRP - MLB ASSOCIATES, L.P., ~~LLP~~



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



03132006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI 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 33634-8334

**DO NOT WRITE
 IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|--------------------------------|
| DOCUMENT # | P34318 |
| NAME | MLB 91 CORP. |
| STREET ADDRESS | 4710 EISENHOWER BLVD., STE C-1 |
| CITY-ST-ZIP | TAMPA, FL 33634 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000563824
 05/20/06-80027-010 500.00

**DO NOT WRITE
 IN THIS SPACE**

STAPLE CHECK HERE

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: Kristopher Hoover 3/16/06 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #