2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A31670

1. Entity Name
JDRP ASSOCIATES NO. 1, LTD.



Principal Place of Business

C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BOULEVARD, SUITE C-1 TAMPA, FL 33634

Mailing Address

C/O THE PETER LAWRENCE COMPANY, INC. 4710 EISENHOWER BOULEVARD, SUITE C-1 **TAMPA, FL 33634**

FILĘD Apr 12, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01292007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3074169

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 BOULEVARD, SUITE C-1 TAMPA, FL 33634-6334

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the purpose of changing its regions of registered agent. | gistered office or registered agent, 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, 2007, Fee will be \$900.0 | 0 |
| | A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the | TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner. |
| 12. | GENERAL PARTNER INFORMATION | |
| DOCUMENT # | A31654 | |
| NAME | JDRP-MLB ASSOCIATES, LP | • |
| STREET ADDRESS | 4710 EISENHOWER BL, C-1 | ے سے بعد |
| CITY-ST-ZIP | TAMPA, FL | U00000700694 |
| DOCUMENT / | | 04/20/07-80030-001 500.αφ |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| DOCUMENT # | | |
| NAME | | DO NOT MOITE |
| CIPIET LOODECE | | |

CITY-ST-ZIP

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOI WKIIE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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 eath; 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:

| | 2 | |
|--|---|--|