


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004--

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:12

DOCUMENT # A33465					
1. Entity Name JDRP - CLIPPER ASSOCIATES, L.P., LTD.					
Principal Place of Business 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33134			Mailing Address 4710 EISENHOWER BLVD., SUITE C-1 TAMPA, FL 33134		
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 59-3141595	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAMS, ALLAN 4710 EISENHOWER BOULEVARD, SUITE C-1 TAMPA, FL 33634				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$270,000.00			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 #	P40631		STREET ADDRESS	4710 Eisenhower Blvd, STE C-1	
NAME	CLIPPER '92 CORP.		CITY-ST-ZIP	Tampa, FL 33634	
STREET ADDRESS	4710 EISENHOWER BL., C-1				
CITY-ST-ZIP	TAMPA, FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	700035819427	
NAME			CITY-ST-ZIP	05/10/04-01068-015 **526.25	
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STREET ADDRESS					
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					
SIGNATURE: 			Kristopher M. Hoover 3/26/04 813-889-8855		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE