

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A33465

1. Entity Name

JDRP - CLIPPER ASSOCIATES, L.P., ~~LLP~~ *Knd*



Principal Place of Business

4710 EISENHOWER BLVD., SUITE C-1  
TAMPA, FL 33134

Mailing Address

4710 EISENHOWER BLVD., SUITE C-1  
TAMPA, FL 33134

FILED

07 MAY 18 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3141595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

ABRAMS, ALLAN  
4710 EISENHOWER BOULEVARD, SUITE C-1  
TAMPA, FL 33634

**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

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 \$900.00**

**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 # P40631  
NAME CLIPPER '92 CORP.  
STREET ADDRESS 4710 EISENHOWER BLVD, 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800103608268  
05/31/07--01027--003 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Kris Hoover*

4/20/07

Date

813-889-8855

Daytime Phone #

STAPLE CHECK HERE