2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A33465

JDRP - CLIPPER ASSOCIATES, L.P.



Principal Place of Business

Mailing Address

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

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

FILED Mar 14, 2008 08:00 A Secretary of State



 \Box

01142008 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

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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. The obligations of 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, 2008, 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 P40631 DOCUMENT # NAME CLIPPER '92 CORP. STREET ADDRESS 4710 EISENHOWER BLVD,C-1 CITY-ST-ZIP TAMPA, FL 33634 DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 뿚뽀 CITY-ST-ZIP DOCUMENT / STAPLE CHECK NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

U00000858874 04/01/08-80061-020 500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PAR INER