


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013702 AT

DOCUMENT # A33465 1. Entity Name JDRP - CLIPPER ASSOCIATES, L.P., LTD.	
--	---

FILED

03 MAY -1 PM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
--	--

DUE BY MAY 1, 2003	
4. FEI Number 59-3141595	Applied For <input type="checkbox"/> 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$270,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	---	--

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	
NAME	CLIPPER '92 CORP.	CITY-ST-ZIP	
STREET ADDRESS	4710 EISENHOWER BL., C-1		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	400017840614
NAME		CITY-ST-ZIP	05/01/03--01065--011 ***526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (10/02)

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: SIGNATURE RECORDED *Philip M. Hoar* 2/24/03 813-889-8885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #