

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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**96 DEC 11 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



LIMITED PARTNERSHIP
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A33466

JDRP ASSOCIATES NO. 4, LTD.



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

Principal Office Address
**C/O THE PETER LAWRENCE COMPANY, INC.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634**

3. Date Formed or Registered
09/24/1992

5a. Capital Contributions as Shown on record
\$1,900,758.00

3a. Date of Last Report
01/18/1996

5b. Amount of Capital Contributions in FLORIDA to date:
\$1,900,758.00

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
59-3142986

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**HOROWITZ, LAWRENCE D.
4710 EISENHOWER BLVD., SUITE C-1
TAMPA FL 33634-6334**

10. If changed, new Registered Agent/Office

Name **ALLAN ABRAMS**

Street Address (P.O. Box Number Is Not Acceptable)
4710 EISENHOWER BOULEVARD

Suite, Apt. #, etc.
SUITE C-1

City **TAMPA**

FL Zip Code **33634-6334**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Allan Abrams*

DATE

11/25/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

JDRP - CLIPPER ASSOCIATES, L

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

%4710 EISENHOWER BLVD

11b. City, State & Zip Code

TAMPA FL

11c. Registration/Document Number

A33465

**100002029281--8
-12/16/96--01002--023
***576.25 ***576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by section 620, Florida Statutes.

SIGNATURE

Allan Abrams

DATE

11/25/96

JDRP-Clipper Associates, LP, GP by Clipper '92 Corp, GP by Allan Abrams, Chairman/Tres

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(813) 889-8855