200 :		FORM BUS # A3346		REPOR	T (UBR	R)	
1. Entity Nan	T	" A3340	0			. 0	
JDRP ASSOCIATES NO. 4, LTD.						FILED	
Principal Place of Business			Mailing Address			01 FEB -8 PM 12: 42	
C/O THE PETER LAWRENCE COMPANY. INC. 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 33834			C/O THE PETER LAWRENCE COMPANY. INC. 4710 EISENHOWER BLVD SUITE C-1 TAMPA FL 33634			SECRETARY OF STATE TALHAMAGIFFENE MAR MAR DE MAR	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number 59-3142986 Applied For Not Applicable	
Zip		Country	Zip		Country	5. Certificate of Status Desired	
	6 Name	and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
ABRAMS, ALLAN					Name		
4710 EISENHOWER BLVD., SUITE C-1					Street Address (P.O. Box Number is Not Acceptable)		
TAMPA FL 33634-6334							
					City	. FL Zip Code	
8. The above	named entity	submits this statement fo	r the purpose of ch	nanging its regi	stered office or re	registered agent, or both, in the State of Florida.	
SIGNATURE .			and title if and line but	(NOTE: Per	Education of the contract of t	ure required when reinstating)	
40 41 41 41 41 41 41 41 41 41 41 41 41 41						11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
9. Capital Contributions as Shown on record. \$1,900,758.00 in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTIT					V MUIOT DE D	SEE REVERSE SIDE FOR FEE INFORMATION	
	NOTE:	General Partners MA	NOT be chang	ged on the fo	orm; an amen	endment must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION					13.	ADDRESS CHANGES ONLY	
DOCUMENT # A33465 NAME JDRP - CLIPPER ASSOCIATES, L.P., LTD.					STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TAMPA FL					CITY-ST-ZIP	5000036771157 -02/13/0101080009	
DOCUMENT # NAME		1.1.1014			STREET ADDRESS	****528.25 ****526.25	
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP		
DOCUMENT#		-	÷	J	STREET ADDRESS		

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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

James J. Shapiro, President Clipper 92 Corp, G.P JDRP-Clipper Assoc, LP

GNATURE:

GNATURE AND TYPE OF SIGNING GENERAL PARTNER

Date

Dayline Phone *

SIGNATURE:

2.

8.

813-889-8855