


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A33466
 1. Entity Name
JDRP ASSOCIATES NO. 4, LTD.



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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04072005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
59-3142986 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ABRAMS, ALLAN
4710 EISENHOWER BLVD., SUITE C-1
TAMPA, FL 33634-6334

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. \$1,900,758.00 10. Amount of Capital Contributions in FLORIDA to date.

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 #	A33465	STREET ADDRESS	
NAME	JDRP - CLIPPER ASSOCIATES, LLC , LTD.	CITY - ST - ZIP	
STREET ADDRESS	4710 EISENHOWER BLVD, C-1		U00000361719
CITY - ST - ZIP	TAMPA, FL 33634		05/05/05-80087-021 526.25
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STAPLE CHECK HERE

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: Kristopher N. Hoover 4/14/05 813-889-8855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #