
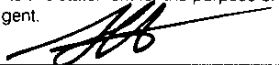
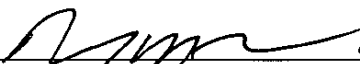


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 AM 9:20

DOCUMENT # A04000000505			
1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES II, LLLP			
Principal Place of Business 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323		Mailing Address 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GRANT, MARK F ESQ C/O RUDEN, MCCLOSKEY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FT. LAUDERDALE, FL 33301		Name Hillsborough County II Corporation Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, Suite 230 City Sunrise FL Zip Code 33323	
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  Signature, typed or printed name of registered agent and title if applicable.		DATE 4/22/08	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P04000052306 HILLSBOROUGH COUNTY II CORPORATION 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	STREET ADDRESS CITY-ST-ZIP	1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000128124420 05/01/08--01055--006 **508.75
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		DATE 4/29/08 (954) 753-1730 Daytime Phone #	

STAPLE CHECK HERE