

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A04000000505			
1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES II, LLLP			
Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071		Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED
2005 APR 29 PM 1:57
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

4. FEI Number 20-0996802		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		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 FORT LAUDERDALE FL 33301		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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$16,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$15,950,000.00	

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 #	P04000052306	STREET ADDRESS	800055192128
NAME	HILLSBOROUGH COUNTY II CORPORATION	CITY-ST-ZIP	05/24/05--01056--006 **141.25
STREET ADDRESS	1401 UNIVERSITY DR, STE 200		
CITY-ST-ZIP	CORAL SPRINGS FL 33071		
DOCUMENT #		STREET ADDRESS	800055192128
NAME		CITY-ST-ZIP	05/24/05--01056--005 **385.00
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <i>N. Maria Menendez</i>		N. Maria Menendez, Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #
		4/28/05	(954) 753-1730