


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 18, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A01000000834**  
1. Entity Name  
580 #5 INDUSTRIAL, LTD.



Principal Place of Business: 777 SOUTH HARBOUR ISLAND BLVD. SUITE 877 TAMPA, FL 33602  
Mailing Address: 777 SOUTH HARBOUR ISLAND BLVD. SUITE 877 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**



03292006 No Chg-LP CR2ED03 (11/05)  
4. FEI Number: 42-1530457 Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
HARROD, GARY W  
777 SOUTH HARBOUR ISLAND BLVD.  
SUITE 877  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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]* DATE: 4-10-06

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, 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	
DOCUMENT #	L03000008068
NAME	HP TAMPA PARTNERS GP, LLC
STREET ADDRESS	777 SOUTH HARBOUR ISLAND BLVD.
CITY-ST-ZIP	TAMPA, FL 33602
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000518022  
05/01/06-80072-008 500.00

STAPLE CHECK HERE

**DO NOT WRITE IN THIS SPACE**

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 820, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4-10-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #