

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

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

**DOCUMENT # A02000000847**

1. Entity Name  
FLHBO I, L.L.L.P.



Principal Place of Business

% HARROD PROPERTIES, INC.  
777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
TAMPA, FL 33602

Mailing Address

% HARROD PROPERTIES, INC.  
777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
TAMPA, FL 33602



03292006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-1418464

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]*  
Signature, typed or printed name of registered agent and title if applicable

4-10-06

DATE

**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 # LD3000008068  
NAME HP TAMPA PARTNERS GP, LLC  
STREET ADDRESS 777 SOUTH HARBOUR ISLAND BLVD., SUITE 877  
CITY-ST-ZIP TAMPA, FL 33602

DOCUMENT #  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

4-10-06