

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY 17 PH 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJD, 1



04132004 Chg-LP CR2E003 (10/03) 5/17

DOCUMENT # A03000000360			
1. Entity Name HP LAKE MARY, LLLP			
Principal Place of Business 777 S. HARBOUR ISLAND BOULEVARD, STE 877 TAMPA, FL 33602		Mailing Address 777 S. HARBOUR ISLAND BOULEVARD, STE 877 TAMPA, FL 33602	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 03-0508362	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 HARROD, GARY W 777 S. HARBOUR ISLAND BOULEVARD, STE 877 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: \$1,138,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	HP TAMPA PARTNERS GP, LLC	STREET ADDRESS	
NAME	777 S. HARBOUR ISLAND BOULEVARD, STE 877	CITY-ST-ZIP	
STREET ADDRESS	TAMPA, FL 33602		
CITY-ST-ZIP			100037852341
DOCUMENT #		STREET ADDRESS	06/10/04--01082--015 **526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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: _____ Date: 4-26-04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE