
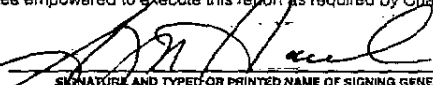


FILED

May 06, 2005 08:00 AM  
Secretary of State**\* 2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

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	
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,138,500.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
HP TAMPA PARTNERS GP, LLC 777 S. HARBOUR ISLAND BOULEVARD, STE 877 TAMPA, FL 33602			CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
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			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)(f), 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: 			4-28-05 813-229-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE



04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 03-0508362 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee RequiredU00000363562  
05/06/05-80004-007 526.25