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To: *Michelle Hodges*
Division of Corporations
Fax Number : (850) 205-0383

From: **GAIL S ANDRE**
Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407) 843-4600
Fax Number : (407) 843-4444

PLEASE ARRANGE FILING OF THE STATEMENT OF QUALIFICATION AND RETURN A CERTIFICATION AND CERTIFICATE OF STATUS AS SOON AS POSSIBLE. PLEASE NOTE THAT THIS DOCUMENT MUST BE FILED AS HP LAKE MARY, LLP. THANK YOU.

LIMITED PARTNERSHIP AMENDMENT

A03-360

Certificate of Status	1
Certified Copy	1
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

March 6, 2003

LOWNDES DROSDICK DOSTER KANTOR & REED

SUBJECT: HP LAKE MARY, LTD., LLLP
REF: E03000071667

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Two partners must sign the Statement of Qualification.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

FAX And. #: E03000071667
Letter Number: 703A00014181

MARCH 6, 2003

MICHELLE, I HAVE CORRECTED THE APPLICATION TO REFLECT "SOLE GENERAL PARTNER." ALSO, PLEASE MAKE SURE THAT THIS DOCUMENTS IS FILED AS "HP LAKE MARY, LLLP."

THANK YOU.

B03000071667 7

**STATEMENT OF QUALIFICATION FOR
FLORIDA LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership as identified in the records of the Florida Department of State:

HP LAKE MARY, LTD.

Insert limited partnership's Florida document number: _____
or

Attach certificate of limited partnership, affidavit of capital contributions and applicable limited partnership filing fees.

2. Suffix adopted for the above named partnership: LLLP
(LLP, LLLP)

3. The street address of its chief executive office: 777 S. HARBOUR ISLAND BOULEVARD
(if different from current recorded address): SUITE 877
TAMPA, FLORIDA 33602

4. The street address of principal office in Florida: _____
(if different from above) _____

5. The limited partnership hereby elects to be a limited liability limited partnership.

6. The effective date of this filing shall be:
XX as of the date this document is filed with the Florida Secretary of State
or
_____ a date later than the time of filing: _____

7. The name and Florida street address of the partnership's agent for service of process:

GARY W. HARROD

777 S. HARBOUR ISLAND BOULEVARD, SUITE 877

TAMPA, Florida 33602

The execution of this statement as a partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Signed this 28th day of FEBRUARY, 2003

Signature of TWO Partners: SOLE GENERAL PARTNER:
HP TAMPA PARTNERS GP, LLC, a Florida limited liability company

By: [Signature]
Gary W. Harrod, President

Typed or printed names of partners signing above: _____

Filing Fee: \$25.00
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75