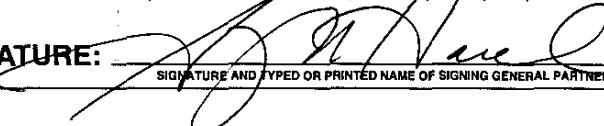


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000767					
<p>1. Entity Name HPD STARKEY LAKES, LLLP</p>					
<p>Principal Place of Business 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877 TAMPA, FL 33602</p>		<p>Mailing Address 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877 TAMPA, FL 33602</p>			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<p>6. Name and Address of Current Registered Agent</p> <p>HARROD, GARY W 777 S HARBOUR ISLAND BOULEVARD, STE 877 TAMPA, FL 33602</p>				<p>7. Name and Address of New Registered Agent</p> <p>Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code</p>	
<p>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.</p>					
<p>SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. DATE _____</p>					
9. Capital Contributions as Shown on record: \$990.00		10. Amount of Capital Contributions in FLORIDA to date.			
<p>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.</p>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P99000053657	STREET ADDRESS			
NAME	HARROD DEVELOPMENT, INC.	CITY-ST-ZIP			
STREET ADDRESS	777 S HARBOUR ISLAND BOULEVARD, SUITE 877				
CITY-ST-ZIP	TAMPA, FL 33602				
DOCUMENT #		STREET ADDRESS	0000036061260		
NAME		CITY-ST-ZIP	05/11/04--01064--007 **141.25		
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NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
<p>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</p>					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		4-26-04	Date
					Daytime Phone #

STAPLE CHECK HERE