


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

| | | |
|-----------------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # A04000000489 | |  |
| 1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES I, LLLP | | |

| | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071 | Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS FL 33071 |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED

2005 MAY -6 P 2:37



1ST MOORE CR2E003 (10/04)

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent GRANT, MARK F ESQ C/O RUDEN, MCCLOSKEY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE FL 33301 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. **\$3,125,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$3,551,198.00**

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 | | 13. ADDRESS CHANGES ONLY | |
| DOCUMENT # | P04000052297 | STREET ADDRESS | |
| NAME | HILLSBOROUGH COUNTY I CORPORATION | CITY-ST-ZIP | |
| STREET ADDRESS | 1401 UNIVERSITY DR, STE 200 | | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33071 | | |
| DOCUMENT # | | STREET ADDRESS | 200054019202 |
| NAME | | CITY-ST-ZIP | 05/06/05--01074--021 **141.25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 200054019202 |
| NAME | | CITY-ST-ZIP | 05/06/05--01079--006 **385.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:  **N. Maria Menendez, Vice President** 4/28/05 (954) 753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #