
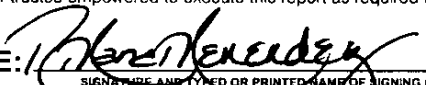


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000000489 1. Entity Name HILLSBOROUGH COUNTY ASSOCIATES I, LLLP				FILED MAY - 1 5 20 PH 1:36 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071		Mailing Address 1401 UNIVERSITY DR, STE 200 CORAL SPRINGS, FL 33071		 03302006 Chg-LP CR2E003 (11/05)	
2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300		3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300			
City & State Sunrise, FL		City & State Sunrise, FL			
Zip 33323		Zip 33323			
Country USA		Country USA		4. FEI Number 20-0996675	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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 NAME HILLSBOROUGH COUNTY I CORPORATION STREET ADDRESS 1401 UNIVERSITY DR, STE 200 CITY-ST-ZIP CORAL SPRINGS, FL 33071			STREET ADDRESS 1600 Sawgrass Corp Pkwy #300 CITY-ST-ZIP Sunrise, FL 33323		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/27/06 954-753-1730		

STAPLE CHECK HERE