



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A04000000489</b>			
1. Entity Name <b>HILLSBOROUGH COUNTY ASSOCIATES I, LLLP</b>			
Principal Place of Business <b>1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b>		Mailing Address <b>1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number <b>20-0996675</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GRANT, MARK F ESQ C/O RUDEN, MCCLOSKEY, SMITH, ET AL 200 E BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
<b>FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00</b>			
<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 #	<b>P04000052297</b>	STREET ADDRESS	
NAME	<b>HILLSBOROUGH COUNTY I CORPORATION</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1600 SAWGRASS CORP PKWY, SUITE 300</b>		
CITY-ST-ZIP	<b>SUNRISE, FL 33323</b>		
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STREET ADDRESS			
CITY-ST-ZIP			
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 MENDEZ, VICE PRESIDENT	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #
		<b>4/26/07</b>	<b>954-753-1730</b>



04202007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**20-0996675**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**GRANT, MARK F ESQ  
C/O RUDEN, MCCLOSKEY, SMITH, ET AL  
200 E BROWARD BLVD, STE 1500  
FORT LAUDERDALE, FL 33301**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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NAME **HILLSBOROUGH COUNTY I CORPORATION**  
STREET ADDRESS **1600 SAWGRASS CORP PKWY, SUITE 300**  
CITY-ST-ZIP **SUNRISE, FL 33323**

13. ADDRESS CHANGES ONLY  
STREET ADDRESS  
CITY-ST-ZIP  
**U000000752550**  
**05/21/07-80020-007 500.00**

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SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. MARIA MENDEZ, VICE PRESIDENT

Date

Daytime Phone #

**4/26/07**

**954-753-1730**

STAPLE CHECK HERE