

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000000473**

1. Entity Name  
 HPD STARKEY LAKES II, LLLP



Principal Place of Business  
 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877  
 TAMPA, FL 33602

Mailing Address  
 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877  
 TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03292006

Chg-LP

CR2E003 (11/05)

4. FEI Number

20-2466939

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARROD, GARY W  
 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877  
 TAMPA, FL 33602

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

*[Signature]*

4-10-06

DATE

**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 # P99000053657  
 NAME HARROD DEVELOPMENT, INC.  
 STREET ADDRESS 777 S. HARBOUR ISLAND BOULEVARD, SUITE 877  
 CITY-ST-ZIP TAMPA, FL 33602

STREET ADDRESS

CITY-ST-ZIP

U00000518019  
 05/01/06-20072-006 500.00

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

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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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-06

Date

Daytime Phone #

STAPLE CHECK HERE