


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A05000001258</b>			
1. Entity Name <b>TAMPA INDUSTRIAL PARTNERS, LIMITED PARTNERSHIP</b>			
Principal Place of Business <b>126 SOUTH FEDERAL HIGHWAY, SUITE 201 DANIA BEACH FL 33004</b>		Mailing Address <b>126 SOUTH FEDERAL HIGHWAY, SUITE 201 DANIA BEACH FL 33004</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

4. FEI Number <b>20-1409323</b>		Applied For <input type="checkbox"/> 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 <b>GLASSMAN, PHILLIP 126 SOUTH FEDERAL HIGHWAY, SUITE 201 DANIA BEACH FL 33004</b>		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>		DATE _____

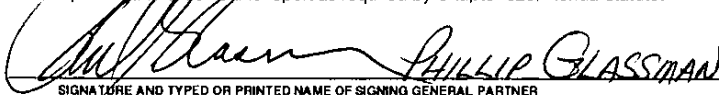
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	P05000008277	STREET ADDRESS	
NAME	HURRICANE ASSET MANAGEMENT CORPORATION	CITY- ST- ZIP	U000000657986 03/15/07-80020-005 500.00
STREET ADDRESS	126 SOUTH FEDERAL HIGHWAY, SUITE 201	STREET ADDRESS	
CITY- ST- ZIP	DANIA BEACH FL 33004	CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
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CITY- ST- ZIP		CITY- ST- ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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:**

  
**PHILLIP GLASSMAN**

**2-23-07 - 204-925-0286**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE