

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

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A05000001651**

1. Entity Name  
**MARINER COVE-FORT PIERCE LIMITED PARTNERSHIP**



Principal Place of Business  
**C/O HEARTHSTONE, INC.  
16133 VENTURA BLVD., SUITE 1400  
ENCINO, CA 91436**

Mailing Address  
**C/O HEARTHSTONE, INC.  
16133 VENTURA BLVD., SUITE 1400  
ENCINO, CA 91436**



2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

04212006

Chg-LP

CR2E003 (11/05)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331**

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, typed or printed name of registered agent and title if applicable.

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 # **L04000052070**  
NAME **FL HHPH GP, L.C.**  
STREET ADDRESS **16133 VENTURA BLVD., SUITE 1400**  
CITY - ST - ZIP **ENCINO, CA 91436**

STREET ADDRESS

CITY - ST - ZIP

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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: Mark A. Porath CFO/EVP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**04/21/06**

Date

**(818) 385-0005**

Daytime Phone #

STAPLE CHECK HERE