## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A05000001651

ENCINO, CA 91436

MARÍNER COVE-FORT PIERCE LIMITED PARTNERSHIP



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

**FILED** Apr 10, 2008 08:00 Al Secretary of State



03182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For	
20-3399561	Not Applicable	
5. Certificate of Status Desired	\$8.75 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

FILE NOWILL FEE IS \$500.00	
Signature, typed or printed name of registered agent and title if applicable	DATE
SIGNATURE	<u> </u>
the obligations of registered agent.	<b>U0000089</b> 0593
6. The above named entity submits this statement for the purpose of changing its registered office	a or registered agent, or both, in the State of Florida. If air familiar with, and accept

After May 1, 2008, 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
DOCUMENT #	L04000052070
NAME	FL HHPII GP, L.C.
STREET ADDRESS	16133 VENTURA BLVD., SUITE 1400
CITY-ST-ZIP	ENCINO, CA 91436
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT /	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	•
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atterna and the formation of the state and the state at t

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING GEN

Mark Ausley

Its: Authorized Representative