
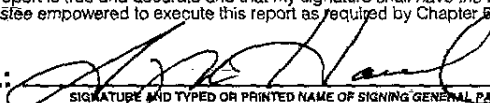


FILED

May 06, 2005 08:00 AM
Secretary of State**2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

DOCUMENT # A24422					
1. Entity Name HP SILO BEND LIMITED PARTNERSHIP					
Principal Place of Business 777 SOUTH HARBOUR ISLAND BOULEVARD SUITE 877 TAMPA, FL 33602			Mailing Address 777 SOUTH 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	4. FEI Number 59-3120560	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARROD, GARY W. 777 SOUTH HARBOUR ISLAND BOULEVARD SUITE 877 TAMPA, FL 33602			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$99.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L92337	STREET ADDRESS			
NAME	HARROD PROPERTIES, INC.	CITY-ST-ZIP			
STREET ADDRESS	777 S. HARBOUR ISLAND BL				
CITY-ST-ZIP	TAMPA, FL				
DOCUMENT #		STREET ADDRESS			
NAME		CITY-ST-ZIP			
STREET ADDRESS					
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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 exemption stated in Section 119.07(3)(f), 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 590, Florida Statutes					
SIGNATURE: 			4-28-05 813-229-1500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE