


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Mar 01, 2005 08:00 A
Secretary of State

DOCUMENT # A29737 1. Entity Name HHCP, LTD, II					
Principal Place of Business 222 WEST MAITLAND BOULEVARD MAITLAND FL 32751				Mailing Address 222 WEST MAITLAND BOULEVARD MAITLAND FL 32751	
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 59-1593719 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELMAN, ALAN C. 222 WEST MAITLAND BLVD MAITLAND FL 32751			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.		\$101,009.00		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 #	475402		STREET ADDRESS		
NAME	HELMAN HURLEY CHARVAT PEACOCK/ARCHITECTS		CITY-ST-ZIP		
STREET ADDRESS	222 WEST MAITLAND BLVD				
CITY-ST-ZIP	MAITLAND FL				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			000000247629 03/01/05-80031-010 535.00		
CITY-ST-ZIP					
DOCUMENT #			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)(i), 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: _____			Date _____		
<small>SIG. NATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Daytime Phone #</small>		



1ST MOORE CR2E003 (10/04)

tt. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

000000247629
03/01/05-80031-010 535.00

SAMPLE CHECK HERE

02/09/05