

**2004 LIMITED PARTNER ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A95000001726**

1. Entity Name  
**HKH-1 LTD.**



Principal Place of Business  
**777 SOUTH HARBOUR ISLAND BLVD.  
SUITE 877  
TAMPA, FL 33602**

Mailing Address  
**777 SOUTH HARBOUR ISLAND BLVD.  
SUITE 877  
TAMPA, FL 33602**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**59-3353126**

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

**HARROD, GARY W  
777 SOUTH HARBOUR ISLAND BLVD, SUITE 877  
TAMPA, FL 33602**

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

9. Capital Contributions  
as Shown on record. **\$990.00**

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

DOCUMENT # **L03000008068**  
NAME **HP TAMPA PARTNERS GP, LLC**  
STREET ADDRESS **777 SOUTH HARBOUR ISLAND BLVD., #877**  
CITY - ST - ZIP **TAMPA, FL 33602**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**000000156897**  
**05/06/04-80007-017 141.25**

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**4-26-04**

STAPLE CHECK HERE