

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 11 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000690

CORNERSTONE/H P II LIMITED PARTNERSHIP

Mailing Address

~~P.O. BOX 9882
MCLEAN VA 22108~~

Principal Office Address

6845 ELM STREET
MCLEAN VA 22101

3. Date Formed or Registered

04/01/1996

5a. Capital Contributions as
Shown on record.

\$1,150,000.00

3a. Date of Last Report

12/02/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

6. FEI Number

54-1800273

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

P.O. Box 8345
Suite, Apt. #, etc.

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

MCLEAN, VA

City & State

Zip

22106

Country

USA

Zip

Country

9. Name and Address of Current Registered Agent

CAREY, O'MALLE, WHITAKER & MANSON, P.A.
100 SOUTH ASHLEY DRIVE, SUITE 1190
TAMPA FL 33602

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

200002374172--9

Suite, Apt. #, etc.

-12/16/97--01117--015

City

****541.25

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

H P II, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

6845 ELM STREET

11b. City, State & Zip Code

MCLEAN VA 22101

11c. Registration/
Document Number

P96000030347

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 11/21/97

Typed or Printed Name of General Partner Signing Form **Daniel Schreiber, President, HP II, Inc.**

Daytime Telephone Number **703-827-8690**

CR2E003 (6/97)