2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 18, 2006 08:00 AM Secretary of State

1. Entity Nam	MENT # A98000001 Y LAKES, LTD.			Secreta	ary o	f State	
Principal Place of Business Mailing Address 777 SOUTH HARBOUR ISLAND BOULEVARD 777 SOUTH HARBOUR ISLA SUITE 877 SUITE 877 TAMPA, FL 33602 TAMPA, FL 33602) BOULEVARD					
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	A NOT MOITE	^ _	03292008 No	Chg-LP	CR2E00	3 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Number 59-35106	75		Applied For Not Applicable
•	•	•		5. Certificate of	i		8.75 Additional
6. Name and Address of Current Registered Agent				i			
HARROD, 777 SOUT TAMPA, F	'H HARBOUR ISLAND BLVD.,	DO NOT WRITE IN THIS SPACE					
8. The above the obligate SIGNATURE	named entity submits this statement for lions of registered agent.	red office or register	red agent, or both,	in the State of Flor		miliar with, and accept	
Construct, typed or printed name of registrated egent and title if applicable						DATE	··
FILE NOWII FEE IS \$500.00 After May 1, 2006, 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				io ondingo a go	TOTAL PROFES	,,,,
DOCUMENT #	L03000008068			•			
NAME STREET ADDRESS	HP TAMPA PARTNERS GP, LLÇ 777 SOUTH HARBOUR ISLAND			* * * * * *			
CtTY-\$7-ZIP	TAMPA, FL 33602					*	· · · · · · · · · · · · · · · · · · ·
DOCUMENT #					ມກາກກາ	<u>೧೯೯೦೧೦:</u>	
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DOCUMENT #							
NAME		1		DO N	OT ME	`	
STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
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DOCUMENT / IN 1713 SPACE

HAME

STREET ADDRESS

CITY-ST-IP

14. I hereby certify that the information supplied with this filing 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 it made under oath; that I am a General Pariner of the limited partnership or the receiver or trustee empowered to expect this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

CITY-SI-IP

DOCUMENT I

NAME

STREET ADDRESS

CITY-SI-ZIP

DOCUMENT I

NAME

STREET ADDRESS

DITY-SI-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

4-10-05

Dayline Phone #