

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001657

1. Entity Name
 118TH PLACE, LLLP



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

04252005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3522506 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARROD, GARY W
 777 SOUTH HARBOUR ISLAND BLVD., 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 Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. \$2,960.00 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 SOUTH HARBOUR ISLAND BLVD., SUITE 877		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	000000363935
NAME		CITY-ST-ZIP	05/06/05-80020-010 141.25
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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 620, Florida Statutes

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-28-05 813-229-1500

Date Daytime Phone #

STAPLE CHECK HERE