



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

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

<b>DOCUMENT # A99000001769</b>	
<b>1. Entity Name</b> HP STAR II, LTD.	

<b>Principal Place of Business</b> 777 SOUTH HARBOR ISLAND BLVD., STE 877 TAMPA, FL 33602	<b>Mailing Address</b> 777 SOUTH HARBOR ISLAND BLVD., STE 877 TAMPA, FL 33602
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
04132004 Chg-LP	CR2E003 (10/03)
<b>4. FEI Number</b> 59-3608495	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
HARROD, GARY W 777 SOUTH HARBOUR ISLAND BLVD., STE 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.

<b>SIGNATURE</b>	DATE
Signature, typed or printed name of registered agent and title if applicable	

<b>9. Capital Contributions</b> as Shown on record. \$2,970.00	<b>10. Amount of Capital Contributions</b> in FLORIDA to date.
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**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	
<b>DOCUMENT #</b>	L03000008068	<b>STREET ADDRESS</b>	
<b>NAME</b>	HP TAMPA PARTNERS GP, LLC	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	777 S. HARBOUR ISLAND BLVD, STE 877		
<b>CITY - ST - ZIP</b>	TAMPA, FL		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

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05/06/04-30007-021 141.25

**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

<b>SIGNATURE:</b>	<b>4-26-04</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date Daytime Phone #

STAPLE CHECK HERE