

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

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

<b>DOCUMENT # A99000001770</b>					
<b>1. Entity Name</b> H/A PARTNERS 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		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>Zip</b>	
<b>Country</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3608853	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> HARROD, GARY W 777 S. HARBOR ISLAND BLVD., STE 877 TAMPA, FL 33602			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
<b>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>			<b>FL</b> Zip Code		
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>9. Capital Contributions as Shown on record.</b> <b>\$2,970.00</b>					
<b>10. Amount of Capital Contributions in FLORIDA to date.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> LO3000008068	<b>NAME</b> HP TAMPA PARTNERS GP, LLC		<b>STREET ADDRESS</b>	000000363946 05/06/05 88829-023 141.25	
<b>STREET ADDRESS</b> 777 SOUTH HARBOR ISLAND BLVD, STE 877	<b>CITY-ST-ZIP</b> TAMPA, FL		<b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b>	<b>NAME</b>		<b>STREET ADDRESS</b>		
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<b>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</b>					
<b>SIGNATURE:</b> _____			4288-05 813-229-1500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

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