

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT #B98000000473**

1. Entity Name  
HSN LP



Principal Place of Business  
1 HSN DRIVE  
ST. PETERSBURG, FL 33729

Mailing Address  
1 HSN DRIVE  
ST. PETERSBURG, FL 33729



03212008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3490596	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

DATE  
000000858107  
04/25/08-80075-015 500.00

**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 INFORMATION**

DOCUMENT #	M98000000803
NAME	HSN GENERAL PARTNER LLC
STREET ADDRESS	1 HSN DRIVE
CITY-ST-ZIP	ST. PETERSBURG, FL 33729

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 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

James P. Warner 4/8/08 727-872-1000  
Date Daytime Phone #

STAPLE CHECK HERE