


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DSC

DOCUMENT # F98000006675 1. Entity Name HLC TAMPA PARTNERS, INC.			
Principal Place of Business 7080 ABERCORN STREET SAVANNAH, GA 31406		Mailing Address 7080 ABERCORN STREET SAVANNAH, GA 31406	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 13069 Suite, Apt. #, etc.	
City & State City: Savannah State: GA		4. FEI Number 58-2427635	
Zip 31410		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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		00007565650 06/02/06--01011--001 **650.00	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PC HAMMOND, J. R.	<input type="checkbox"/> Delete	
STREET ADDRESS	7080 ABERCORN STREET		
CITY-ST-ZIP	SAVANNAH, GA 31406		
TITLE	V SVC	<input type="checkbox"/> Delete	
NAME	AIMONE, CHARLES M		
STREET ADDRESS	7080 ABERCORN STREET		
CITY-ST-ZIP	SAVANNAH, GA 31406		
TITLE	TD	<input type="checkbox"/> Delete	
NAME	ROBERTS, CHARLES H		
STREET ADDRESS	7080 ABERCORN STREET		
CITY-ST-ZIP	SAVANNAH, GA 31406		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SAULS, G. G		
STREET ADDRESS	7080 ABERCORN STREET		
CITY-ST-ZIP	SAVANNAH, GA 31406		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:		Date 4/30/06 Daytime Phone #	
Signature and typed or printed name of signing officer or director			