


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A12760 1. Entity Name 8700 FLAGLER, LTD.					
Principal Place of Business 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134			Mailing Address 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RENTZ, R. LARRY 121 ALHAMBRA PLAZA, PH I, SUITE 1600 CORAL GABLES, FL 33134				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$100.00			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 #	P16775		STREET ADDRESS		
NAME	HAMMOND VENTURE, INC.		CITY-ST-ZIP		
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS	U00000208348	
NAME			CITY-ST-ZIP	02/02/05-80014-023 141.25	
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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					
SIGNATURE: _____			YAZMINGIL, TREASURER 1/17/05 305-443-1000 HAMDON VENTURE		

STAPLE CHECK HERE