

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A09000000001

**Entity Name:** R. HAMMOND, L.P.

**Current Principal Place of Business:**

5401 BROKEN SOUND BLVD. NW  
STE 100  
BOCA RATON, FL 33487

**Current Mailing Address:**

5401 BROKEN SOUND BLVD. NW  
STE 100  
BOCA RATON, FL 33487 US

**FEI Number:** 76-0606066

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAMMOND, ROBERT AJR  
5401 BROKEN SOUND BLVD. NW  
STE 100  
BOCA RATON, FL 33487 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name HAMMOND, ROBERT AJR

Address 5401 BROKEN SOUND BLVD. NW  
STE 100

City-State-Zip: BOCA RATON FL 33487

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT HAMMOND

**PARTNER**

**07/18/2017**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date