2004 LÍMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 10, 2004 08:00 AM Secretary of State

DOCUMENT # A0000000300 1. Entity Name TRADEWINDS HAMMOCKS, LTD.					IT 4		cretary of State	
Principal Place of Business Mailing Address 5505 N. ATLANTIC AVE. #115 5505 N. ATLANTIC AVE. COCOA BEACH, FL 32931 COCOA BEACH, FL 3293								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite. Apt. #, etc		02122004	Chg-LP	CR2E003 (10/03)		
City & State		City & State			4. FEI Number 59-3626	826	Applied For Not Applicable	
Ζφ	Country Zip		Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	<u> </u>	7. Name and Address of New Registered Agent					
MCPHILLIPS, JACQUELINE				Name				
5505 N. ATLÁNTIC AVE. #115				Street Address (P.O. Box Number is Not Acceptable)				
COCOA BEACH, FL 32931								
			City				FL Zip Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing lt	s register	ed office or register	red agent, or both	, in the State of Fl	orida. I am familiar with, and accept	
SIGNATURE -	Signature, typed or printed name of registered ager	t and title if applicable		<u> </u>		4 1919	DATE	
9. Capital Co as Shown		ital Contri date.	butions					
	A GENERAL PARTNER							
12.	NOTE: General Partners M GENERAL PARTNE		13.	i; an amendmer	it must be med	ADDRESS CH		
DOCUMENT # NAME STREET ADDRESS	HERITAGE PARTNERS GROUP XIX, INC.			EET ADDRESS				
CITY - ST - ZIP	COCOA BEACH, FL 32931		CITY	/-ST-ZIP	U00000082692 			
DOCUMENT # NAME STREET ADDRESS	L97000000543 MRT OF THE FLORIDA KEYS, L.L.C. PO BOX 4201075 SUMMERLAND KEY, FL 33042			EET ADDRESS				
CITY-ST~ZIP				'-S1-ZIP		.,	-	
DOCUMENT # NAME	N98000000959 NATIONAL DEVELOPMENT FOUNDATION, INC.			EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	4250 ALAFAYA TRAIL SUITE 212-330 OVIEDO, FL 32765		CITY	'-ST-ZIP			····	
DOCUMENT # NAME			STR	EET AODRESS			···	
STREET ADDRESS CITY-ST-ZIP			СПУ	-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	- ST- ZIP				
DOCUMENT # NAME			STRI	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			City	- ST- ZIP				
14. I hereby of indicated the receive	certify that the information supplied wit on this report is true and accurate and er or trustee empowered to execute the	h this filing does not qualify for that my signature shall have his report as required by Chap	or the exe the sam oter 620,	emption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), nade under oath; t	Florida Statutes, hat I am a Gener	I further certify that the information at Partner of the limited partnership of	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER