



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000300 1. Entity Name TRADEWINDS HAMMOCKS, LTD.					
Principal Place of Business 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931				Mailing Address 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01212005 Chg-LP CR2E003 (10/03)	
Zip Country		Zip Country		4. FEI Number 59-3626826	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVE. #115 COCOA BEACH, FL 32931			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,370,591.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,370,591.00			
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # P95000023432 NAME HERITAGE PARTNERS GROUP XIX, INC. STREET ADDRESS 5505 N. ATLANTIC AVE. #115 CITY-ST-ZIP COCOA BEACH, FL 32931			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # L97000000543 NAME MRT OF THE FLORIDA KEYS, L.L.C. STREET ADDRESS PO BOX 4201075 CITY-ST-ZIP SUMMERLAND KEY, FL 33042			STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # N98000000959 NAME NATIONAL DEVELOPMENT FOUNDATION, INC. STREET ADDRESS 4250 ALAFAYA TRAIL SUITE 212-330 CITY-ST-ZIP OVIEDO, FL 32765			STREET ADDRESS CITY-ST-ZIP		
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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: <u>James Kincaid</u> V.P. of the G.P. 2-4-05 321-799-407					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE