

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 06, 2006 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**



01042006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3626826

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVE.
#115
COCOA BEACH, FL 32931**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$800.00**

**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

DOCUMENT #	P95000023432
NAME	HERITAGE PARTNERS GROUP XIX, INC.
STREET ADDRESS	5505 N. ATLANTIC AVE. #115
CITY-ST-ZIP	COCOA BEACH, FL 32931
DOCUMENT #	L97000000543
NAME	MRT OF THE FLORIDA KEYS, L.L.C.
STREET ADDRESS	PO BOX 4201075
CITY-ST-ZIP	SUMMERLAND KEY, FL 33042
DOCUMENT #	N98000000959
NAME	NATIONAL DEVELOPMENT FOUNDATION, INC.
STREET ADDRESS	4250 ALAFAYA TRAIL SUITE 212-330
CITY-ST-ZIP	OVIEDO, FL 32765
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000422583
02/17/06-80023-009 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. 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 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 520, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #