


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -7 PM 1:50

<b>DOCUMENT # A00000000300</b>	
1. Entity Name TRADEWINDS HAMMOCKS, LTD.	

Principal Place of Business 5505 N. ATLANTIC AVE. #108 COCOA BEACH, FL 32931	Mailing Address 5505 N. ATLANTIC AVE. #108 COCOA BEACH, FL 32931
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2. Principal Place of Business - No P.O. Box # <b>ATLANTIS ROAD</b>	3. Mailing Address <b>PO BOX 321209</b>
Suite, Apt. #, etc. <b>405-B</b>	Suite, Apt. #, etc.

04082008 Chg-LP CR2E003 (12/06)

City & State <b>CAPE CANAVERAL, FL</b>	City & State <b>COCOA BEACH, FL</b>
Zip <b>32920</b>	Zip <b>32932-1209</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-3626826</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
KINCAID, JAMES 5505 N. ATLANTIC AVE. #108 COCOA BEACH, FL 32931	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
<b>405-B ATLANTIS ROAD</b>	
City <b>CAPE CANAVERAL</b>	Zip Code <b>FL 32920</b>

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**300128735109**  
 05/07/08--01012--006 \*\*508.75

**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. #108
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	OVIDO, FL 32765
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>405-B ATLANTIS ROAD</b>
CITY-ST-ZIP	<b>CAPE CANAVERAL, FL 32920</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 620, Florida Statutes

SIGNATURE: James Kincaid James Kincaid 4/22/08 321-799-4090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE