

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000000300

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** TRADEWINDS HAMMOCKS, LTD.

**Current Principal Place of Business:**

405-B ATLANTIS ROAD  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321209  
COCOA BEACH, FL 329321209

**New Mailing Address:**

**FEI Number:** 59-3626826

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINCAID, JAMES  
405-B ATLANTIS ROAD  
CAPE CANAVERAL, FL 32920 US

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

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 INFORMATION:**

Document #: P95000023432  
Name: HERITAGE PARTNERS GROUP XIX, INC.  
Address: 405-B ATLANTIS ROAD  
City-St-Zip: CAPE CANAVERAL, FL 32920

Document #: L97000000543  
Name: MRT OF THE FLORIDA KEYS, L.L.C.  
Address: PO BOX 4201075  
City-St-Zip: SUMMERLAND KEY, FL 33042

Document #: N98000000959  
Name: NATIONAL DEVELOPMENT FOUNDATION, INC.  
Address: 4250 ALAFAYA TRAIL SUITE 212-330  
City-St-Zip: OVIEDO, FL 32765

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information indicated on this 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.

**SIGNATURE:** JAMES KINCAID

VP

04/11/2011

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

\_\_\_\_\_  
Date