

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001706

1. Entity Name

HAMMOCK HOUSE DEVELOPMENT PARTNERS I, LTD.



Principal Place of Business

1928 THATCH PALM DRIVE
BOCA RATON FL 33432

Mailing Address

1928 THATCH PALM DRIVE
BOCA RATON FL 33432



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

City & State

4. FEI Number

04-3825254

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMMOCK HOUSE DEVELOPMENT PARTNERS, INC.
1928 THATCH PALM DRIVE
BOCA RATON FL 33432

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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # P05000105275
NAME HAMMOCK HOUSE DEVELOPMENT PARTNERS, INC.
STREET ADDRESS 1928 THATCH PALM DRIVE
CITY-ST-ZIP BOCA RATON FL 33432

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Printing Phone #

Dr. Barry Lehman **DR. BARRY LEHMAN** 2/14/08 (561) 866-6142

STAPLE CHECK HERE