

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 2:46

DOCUMENT # A06000000460

1. Entity Name
C. HAMMOCK GROVES LIMITED PARTNERSHIP



Principal Place of Business
**146 HILLCREST AVENUE
 OVIEDO, FL 32765**

Mailing Address
**146 HILLCREST AVENUE
 OVIEDO, FL 32765**

2. Principal Place of Business - No P.O. Box #
1001 Geneva Dr.
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 622916
 Suite, Apt. #, etc.



01232008 Chg-LP CR2E003 (12/06)

City & State
Oviedo, FL

City & State
Oviedo, FL

4. FEI Number
APPLIED FOR 20-5185126

Applied For
 Not Applicable

Zip
32765

Country
U.S.A.

Zip
32762-2916

Country
U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SPEER, THOMAS A
 113 MAGNOLIA AVE.
 SANFORD, FL 32771**

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

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

DATE

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

**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 # **G06093900224**
 NAME **CLONTS REAL ESTATE REDUCTN. TRUST 11/26/94**
 STREET ADDRESS **146 HILLCREST AVENUE**
 CITY-ST-ZIP **OVIEDO, FL 32765**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS **1001 Geneva Dr.**
 CITY-ST-ZIP **Oviedo, FL 32765**

STREET ADDRESS **300127241153**
 CITY-ST-ZIP **04/30/08-010011-019 **500.00**

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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: *W. Rex Clonts, Jr.* - TRUSTEE W. REX CLONTS, JR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/16/08

Date

407-468-1242

Daytime Phone #

STAPLE CHECK HERE