

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -1 PM 1:54

1. Name of Limited Partnership

1a. DOCUMENT #
A18574

HAMMOCKS PLACE ASSOCIATES, LTD.



Mailing Address

% METRO JV, INC.
520 BROAD STREET
NEWARK NJ 07101-3184

Principal Office Address

% METRO JV, INC.
520 BROAD STREET
NEWARK NJ 07101-3184

3. Date Formed or Registered

12/18/1984

5a. Capital Contributions as
Shown on record

\$1,095,059.00

3a. Date of Last Report

03/19/1996

4. State or Country of Formation

FL

5b. Amount of Capital
Contributions in FL OR DA
to date

6. FLI Number

59-2483674

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

**DEAS, WILLIAM J
2215 RIVER BLVD.
JACKSONVILLE FL 32204**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registry
Document Number

METRO JV, INC.

520 BROAD STREET

NEWARK NJ

F94000002853

RECEIVED
-10/27/96-10/27-00
***578.25 ***578.25
10-4

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mark Mahony

DATE

9-27-96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

201-481-8856

CR2E003 (6/96)