


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**

DOCUMENT # A27954
1. Entity Name
SECTION 19, LTD.



Principal Place of Business: 121 ALHAMBRA PLAZA, PENTHOUSE 1 SUITE 1600, CORAL GABLES, FL 33134
Mailing Address: 121 ALHAMBRA PLAZA, PENTHOUSE 1 SUITE 1600, CORAL GABLES, FL 33134


2. Principal Place of Business: _____
3. Mailing Address: _____

Suite, Apt #, etc.: _____
City & State: _____

4. FEI Number: 65-0154050
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RENTZ, LARRY R
121 ALHAMBRA PLAZA
PENTHOUSE 1 SUITE 1600
CORAL GABLES, FL 33134



01052005 Chg-LP CR2E003 (10/03)
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record: \$200.00
10. Amount of Capital Contributions in FLORIDA to date: _____

**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 #	P16775	STREET ADDRESS	
NAME	HAMMOND VENTURE, INC.	CITY-ST-ZIP	
STREET ADDRESS	121 ALHAMBRA PLAZA, PH I, SUITE 1600		
CITY-ST-ZIP	CORAL GABLES, FL 33134		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 exemption stated in Section 119.07(3)(f), 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]* YAZMIN GIL, TREASURER 1/13/05 305-443-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: HAMMOND VENTURE Date: _____ Day/Year-Phone #

STAPLE CHECK HERE