

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**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**

**FILED**

**08 APR 21 PM 3:54**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



01162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**65-0154050**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**RENTZ, LARRY R  
121 ALHAMBRA PLAZA  
PENTHOUSE 1 SUITE 1600  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 # **P16775**  
NAME **HAMMOND VENTURE, INC.**  
STREET ADDRESS **121 ALHAMBRA PLAZA, PH I, SUITE 1600**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

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**300123960133  
04/18/08--01007--010 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

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:** *Yazmin Gil* **1-17-08 305-443-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE