

**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

97 JAN 30 PM 12: 33

1. Name of Limited Partnership
1a. DOCUMENT #
A94000000449

HARDIN HAMMOCK ESTATES ASSOCIATES, LTD.



Mailing Address C/O THE HERITAGE CO.//ATTN: M. MCPHILLIPS 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920		Principal Office Address C/O THE HERITAGE CO.//ATTN: M. MCPHILLIPS 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920		3. Date Formed or Registered 04/01/1994	5a. Capital Contributions as Shown on record. 12,532,897.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/26/1995	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3097932 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent POPP, GREGORY A ESQUIRE 450 CHALLENGER ROAD CAPE CANAVERAL FL 32920	10. If changed, new Registered Agent/Office
	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc. 700002084597--3
	City -02/11/97--01197--004 ***341.25 ***341.25

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 **December 19, 1996**

**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. Registration/ Document Number
SOLUTIONS - HAMMOCK, INC.	2730 S.W. 3RD AVENUE,	MIAMI FL 33129	P94000025058
ADVANCED CAPITAL DEV. CORP.	2730 S.W. 3RD AVENUE,	MIAMI FL 33129	P94000025055
HERITAGE PARTNERS GROUP IX,	450 CHALLENGER ROAD	CAPE CANAVERAL FL 329	P94000024756

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-02/11/97--01197--003
*****208.75 ***208.75**
cus - 8.75
New Fees - 541.25 **cus/KWM**

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 *Jacqueline McPhillips* DATE **12/15/96**

Typed or Printed Name of General Partner Signing Form **Jacqueline McPhillips** Daytime Telephone Number **407-799-4070**

CR2E003 (6/96)