

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 15 PM 12:54

*umtr*  
*12/16*



1. Name of Limited Partnership

1a. DOCUMENT #  
**A9400000449**

**HARDIN HAMMOCK ESTATES ASSOCIATES, LTD.**

Mailing Address

Principal Office Address

C/O THE HERITAGE CO.//ATTN: M. MCPHILLIPS  
450 CHALLENGER ROAD  
CAPE CANAVERAL FL 32920

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

3a. Date of Last Report

01/30/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. State or Country of Formation

FL

6. FEI Number

59-3097932

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)

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.

500002375225--1

City

-12/17/97--01083--025

\*\*\*541.25 FL \*\*\*541.25

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

**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

**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 *Alison Kerr-Hull Colvard, V.P. of G.P.* DATE 10/30/97

Typed or Printed Name of General Partner Signing Form Alison Kerr-Hull Colvard, V.P. Daytime Telephone Number 407-799-4090 ex.284

CR2E003 (6/97)