

2001 UNIFORM BUSINESS REPORT (UBR)

0012769 AF

DOCUMENT # A94000000449

1. Entity Name
HARDIN HAMMOCK ESTATES ASSOCIATES, LTD.

FILED

01 JAN 31 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
5505 N. ATLANTIC AVENUE, SUITE 115 **5505 N. ATLANTIC AVENUE, SUITE 115**
COCOA BEACH FL 32931 **COCOA BEACH FL 32931**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3232164 Not Applicable

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

6. Name and Address of Current Registered Agent

MCPHILLIPS, JACQUELINE
5505 N. ATLANTIC AVENUE, SUITE 115
COCOA BEACH FL 32931

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$12,532,897.00 10. Amount of Capital Contributions in FLORIDA to date. 12,532,987

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P94000025058
NAME	SOLUTIONS - HAMMOCK, INC.
STREET ADDRESS	757 ARTHUR GODFREY ROAD
CITY-ST-ZIP	MIAMI BEACH FL 33140
DOCUMENT #	P94000025055
NAME	ADVANCED CAPITAL DEV. CORP. - HAMMOCK, INC
STREET ADDRESS	1000 MARINER DRIVE
CITY-ST-ZIP	KEY BISCAYNE FL 33149
DOCUMENT #	P94000024756
NAME	HERITAGE PARTNERS GROUP IX, INC.
STREET ADDRESS	5505 N. ATLANTIC AVENUE, SUITE 115
CITY-ST-ZIP	COCOA BEACH FL 32931
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000003654390--8
CITY-ST-ZIP	02/06/01 01004 011
	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
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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)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/20/01 321799-4090 Date Daytime Phone #

CR2E003 (11/00)