2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 DOCUMENT # A94000000449 06 FEB -8 AH 9: 28 HARDIN HAMMOCK ESTATES ASSOCIATES, LTD. Mailing Address Principal Place of Business 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. 01042006 CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 59-3232164 Not Applicable Country Zip Country Zio \$8.75 Additional **Z**9 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCPHILLIPS, JACQUELINE 5505 N. ATLANTIC AVENUE, SUITE 115 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH, FL 32931 Zip Code FL 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, 2006, 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 ADDRESS CHANGES ONLY P94000025058 DOCUMENT # STREET ADDRESS NAME SOLUTIONS - HAMMOCK, INC. STREET ADDRESS 757 ARTHUR GODFREY ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 33140 DOCUMENT # P94000025055 STREET ADDRESS ADVANCED CAPITAL DEV. CORP. - HAMMOCK, INC NAME STREET ADDRESS 1000 MARINER DRIVE CITY-ST-ZIP CITY-ST-ZIF KEY BISCAYNE, FL 33149 DOCUMENT # P94000024756 STREET ADDRESS HERITAGE PARTNERS GROUP IX, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 115 CITY-ST-ZIP 400066794314 CITY-ST-ZIP COCOA BEACH, FL 32931 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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

CITY-ST-ZIP

CITY-ST-7IP

STREET ADDRESS

SIGNATURE:

STAPLE CHECK HERE

*STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-7IP

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> NO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTI

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