2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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SIGNATURE:

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

TALLAHASSEE, FLORIDA **DOCUMENT # A94000000449** 08 MAY -7 PM 1:50 HARDIN HAMMOCK ESTATES ASSOCIATES, LTD. Principal Place of Business Mailing Address 5505 N. ATLANTIC AVENUE, #108 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931 COCOA BEACH, FL 32931 Mailing Address PO BOX 321209 2. Principal Place of Business - No P.O. Box # ATLANTIS KOAD Suite, Apt. #, etc Suite, Apt. #. etc. 04082008 Cha-LP CR2E003 (12/06) City & State 4. FEI Number Applied For Beac 00 DΑ 59-3232164 Not Applicable \$8.75 Additional 5. Certificate of Status Desired u.SA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINCAID, JAMES Street Address (P.O. Box Number is Not Acceptable) 5505 N. ATLANTIC AVENUE, #108 COCOA BEACH, FL 32931 ATLANTIS \mathcal{R} o A \mathbb{D} 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 **700128734887** 05/07/08--01009--030 **508.75 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13 P94000025058 DOCUMENT # STREET ADORESS SOLUTIONS - HAMMOCK, INC. NAME STREET ADDRESS 1108 KANE CONCOURSE #301 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH, FL 331542068 DOCUMENT # P94000025055 STREET ADORESS NAME ADVANCED CAPITAL DEV. CORP. - HAMMOCK, INC STREET ADDRESS 250 CATALONIA AVE #606 CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 P94000024756 DOCUMENT # 5-B ATLANTIS KOAD STREET ADORESS HERITAGE PARTNERS GROUP IX, INC. NAME STREET ADDRESS 5505 N. ATLANTIC AVENUE, SUITE 108 CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 32931 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

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

James Kincaw

FILED

SECRETARY OF STATE