

# 2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000000449

FILED  
Mar 02, 2012  
Secretary of State

**Entity Name:** HARDIN HAMMOCK ESTATES ASSOCIATES, LTD.

**Current Principal Place of Business:**

ATLANTIS ROAD STE 405-B  
CAPE CANAVERAL, FL 32920

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321209  
COCOA BEACH, FL 329021209

**New Mailing Address:**

FEI Number: 59-3232164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KINCAID, JAMES  
ATLANTIS ROAD STE 405-B  
CAPE CANAVERAL, FL 32920 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: P94000025058  
Name: SOLUTIONS - HAMMOCK, INC.  
Address: 1108 KANE CONCOURSE #301  
City-St-Zip: MIAMI BEACH, FL 331542068

Document #: P94000025055  
Name: ADVANCED CAPITAL DEV. CORP. - HAMMOCK, INC  
Address: 250 CATALONIA AVE #606  
City-St-Zip: CORAL GABLES, FL 33134

Document #: P94000024756  
Name: HERITAGE PARTNERS GROUP IX, INC.  
Address: ATLANTIS ROAD STE 405-B  
City-St-Zip: CAPE CANAVERAL, FL 32920

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Address:  
City-St-Zip:

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES KINCAID

VP

03/02/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date