


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008737 AT

**DOCUMENT # A94000000449**

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



**FILED**  
2003 MAR 21 PM 12:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



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

Mailing Address  
5505 N. ATLANTIC AVENUE, SUITE 115  
COCOA BEACH FL 32931

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2003**

4. FEI Number **59-3232164**

Applied For  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$12,532,897.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>12,532,897.00</b>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>P94000025058</b>
NAME	<b>SOLUTIONS - HAMMOCK, INC.</b>
STREET ADDRESS	<b>757 ARTHUR GODFREY ROAD</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33140</b>
DOCUMENT #	<b>P94000025055</b>
NAME	<b>ADVANCED CAPITAL DEV. CORP. - HAMMOCK, INC</b>
STREET ADDRESS	<b>1000 MARINER DRIVE</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
DOCUMENT #	<b>P94000024756</b>
NAME	<b>HERITAGE PARTNERS GROUP IX, INC.</b>
STREET ADDRESS	<b>5505 N. ATLANTIC AVENUE, SUITE 115</b>
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>
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	<b>200014450612</b> <b>03/21/03--01060--012 **535.00</b>
STREET ADDRESS	
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:  **2/25/03** **321-799-4090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)