

Charter Number Only

A9500001102

7/18/95

DIVISION OF CORPORATIONS

PAUL H. FREEMAN

Representor's Name

9100 S. DADELAND Blvd.

Address

MIAMI FL 33150

#1406

City

State

ZIP

Phone

670-5999

000001541150

-07/19/95--01021-019

*****87.50 *****37.50

CORPORATION(S) NAME

HAMMOCK LAKES ASSOCIATES, LTD.

- | | | |
|---|---|---|
| ☐ Profit | ☐ Amendment | ☐ Merger |
| ☐ NonProfit | ☐ Dissolution | ☐ Mark |
| ☐ Foreign | ☐ Annual Report | ☐ Other |
| ☒ Limited Partnership | ☐ Reservation | ☐ Change of Registered Agent |
| ☐ Reinstatement | ☐ Photo Copies | ☐ Certificate Under Seal |
| ☐ Certified Copy | ☐ Call When Ready | ☐ After 4:30 |
| ☐ Call If Problem | ☒ Walk In | ☐ Mail Out |
| ☐ Pick Up | ☐ Will Wait | |

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

32 7/19/95

Sample Toll Free: 1-800-432-3028

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 19 PM 12:24

CERTIFICATE OF LIMITED PARTNERSHIP
OF
HAMMOCK LAKES ASSOCIATES, LTD.

The undersigned, being all of the General Partners of HAMMOCK LAKES ASSOCIATES, Ltd., do hereby swear and state the following:

1. The name of the Partnership is:

HAMMOCK LAKES ASSOCIATES, LTD.
2. The address of the office of the Partnership is:

3900 Hollywood Blvd.
Penthouse North
Hollywood, Florida 33021
3. The name and address of the agent for service of process is:

Paul H. Freeman, Esq.
9100 South Dadeland Blvd.
Suite 1406
Miami, Florida 33156
4. The name and business address of each General Partner is as follows:

Southeast Citrus Capital Corporation
3900 Hollywood Blvd.
Penthouse North
Hollywood, Florida 33021
5. The mailing address for the Limited Partnership is:

3900 Hollywood Blvd.
Penthouse North
Hollywood, Florida 33021
6. The latest date upon which the Limited Partnership is to dissolve is:

December 31, 2025

The undersigned, being the sole General Partner of the Partnership referred to in this Certificate, for the purpose of forming a Limited Partnership pursuant to the laws of the State of Florida, does hereby swear and certify that the facts herein stated

Paul H. Freeman, Esq.
9100 S. Dadeland Blvd.
Suite 1406
Miami, Florida 33156
305-670-5999

SECRETARY OF STATE
JUL 19 1965
FILED ST. JAMES

F54729

are true and in accordance with the Limited Partnership Agreement entered into for the formation of this Partnership.

GENERAL PARTNER:

SOUTHEAST CITRUS CAPITAL CORPORATION

BY: Paul H. Freeman
PAUL H. FREEMAN, Vice President

FILED STATE
SECRETARY OF CORPORATIONS
JUL 19 PM 2:24
DIVISION OF CORPORATIONS

STATE OF FLORIDA
COUNTY OF DADE

EXECUTION OF the foregoing instrument was acknowledged before me this 17th day of July, 1995, by Paul H. Freeman, Vice President of Southeast Citrus Capital Corporation, a Florida corporation, who is personally known to me or who has produced sufficient evidence of identification (described below) and who did not take an oath.

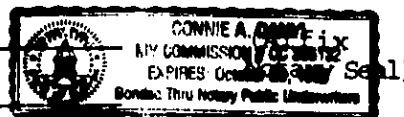
Description of identification produced: _____

Connie A. Dany

NOTARY PUBLIC - SIGNATURE ABOVE

NOTARY NAME: CONNIE A. DANY

COMMISSION NO.: _____



COMMISSION EXP. DATE: _____

Notary Name/Commission No./Exp. Date - type or printed

The undersigned hereby accepts designation as Registered Agent of the Corporation.

Paul H. Freeman
PAUL H. FREEMAN

AFFIDAVIT

STATE OF FLORIDA
COUNTY OF Dade

Before me, the undersigned authority personally appeared Paul H. Freeman, the Vice President of Southeast Citrus Capital Corporation, the General Partner of Hammock Lakes Associates, Ltd., a Florida Limited Partnership, who after being sworn deposed and said:

1. That the Affiant is an individual over the age of twenty one (21) years, and is the Vice President of Southeast Citrus Capital Corporation.

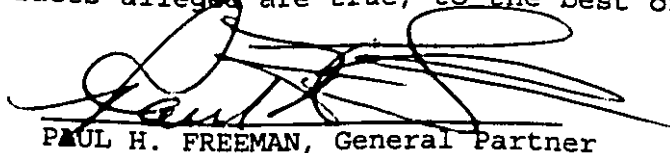
2. Southeast Citrus Capital Corporation is the sole general partner in Hammock Lakes Associates, Ltd.

3. The Affiant declares that the amount of the capital contributions of the limited partners and the amount anticipated to be contributed by the limited partners is One Thousand (\$1,000.00) Dollars.

4. This Affidavit is made for the purpose of forming Hammock Lakes Associates, Ltd., as a Limited Partnership pursuant to the laws of the State of Florida, and the Affiant does hereby swear and certify that the facts herein stated are true and correct.

Further Affiant saith naught.

Under the penalties of perjury I declare that I have read the foregoing and that the facts alleged are true, to the best of my knowledge and belief.


PAUL H. FREEMAN, General Partner

EXECUTION OF the foregoing instrument was acknowledged before me this 14 day of July, 1995, by PAUL H. FREEMAN, Vice President of SOUTHEAST CITRUS CAPITAL CORPORATION, a Florida corporation, who is personally known to me or who has produced sufficient evidence of identification (described below) and who did take an oath.

Description of identification produced: _____

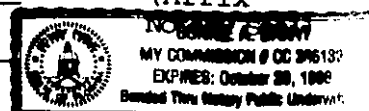

NOTARY PUBLIC - SIGNATURE ABOVE

NOTARY NAME: CONNIE A. DANY

COMMISSION NO.: _____

COMMISSION EXP. DATE: _____

Notary Name/Commission No./Exp. Date - type or printed



FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNER'S SHOP
WILL BE SUBJECT TO REVOCATION AND \$300 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Murthum
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 19 AM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001102

HAMMOCK LAKES ASSOCIATES, LTD.

Mailing Address

3888 HOLLYWOOD BLVD., FORTLAUDERDALE NORTH
HOLLYWOOD FL 33021

Principal Office Address

3888 HOLLYWOOD BLVD., FORTLAUDERDALE NORTH
HOLLYWOOD FL 33021

2. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City, State & Zip

300001670253

12/26/95-01029-003

2a. New Principal Office Address, if Applicable

****191.25 ****191.25

Suite, Apt. #, etc.

City, State & Zip

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA

07/19/1985

3a. Date of Last Report

4. State or Country of Formation

FL

5a. Capital Contributions as Shown
on Record

\$1,000.00

5b. Amount of Capital Contributions in
FLORIDA to date

\$ 1,000.00

6. FEI Number

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$578.25 (\$437.50 + \$138.75).
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

FREEMAN, PAUL H ESQ.
9100 SOUTH CADELAND BLVD., SUITE 1400
MIAMI FL 33196

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

DATE

SIGNATURE (Registered Agent Accepting Appointment)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

SOUTHEAST CITRUS CAPITAL CORP

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3888 HOLLYWOOD BLVD.,

11b. City, State & Zip Code

HOLLYWOOD FL 33021

11c. Registration/
Document Number

F34729

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to file this report as required by chapter 620, Florida Statutes.

SIGNATURE

C.P. LEXOW

Typed or Printed Name of General Partner Signing Form

Telephone Number

DATE

12/12/95
(305) 983-7133

0001401

CR2E003 (6/95)