Charter Number Only

A95000011102

7/18/95

DIVISION OF CORPORATION

PAUL H. FREEMAN
Requestor's Name
9100 S. DADELAND BLVD. #1406
Address
MIAMI FL 33156
City State ZIP Phone
670-5999

FOR DIVISION USE ONLY

000001541150
-07/19/95--01021--019
*****87.50 *****87.50

CORPORATION(S) NAME

Hammock Lakes Associates, LTD.

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

Name Availability	BK
Document Examiner	7/19/95
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CR2E031 (R8-85)

EXPEDITE 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:

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

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

F54729

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

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, Vice President

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

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: ______________________

____
NOTARY PUBLIC - SIGNATURE ABOVE

NOTARY NAME: Connie A. Dangi

COMMISSION NO.: ______________________

COMMISSION EXP. DATE: ______________________
Notary Name/Commission No./Exp. Date - type or printed

(Affix Notary Seal)

CONNIE A.
MY COMMISSION
EXPIRES:
Bonded Thru Notary Public Underwriters

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

____
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.

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DIVISION OF CORPORATIONS
95 JUL 19 PM 12:24

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 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 take an oath.

Description of identification produced:_____

Connie A Dany
NOTARY PUBLIC - SIGNATURE ABOVE

NOTARY NAME: Connie A Dany (Affix

COMMISSION NO.:_____

COMMISSION EXP. DATE:_____
Notary Name/Commission No./Exp. Date - type or printed

NOTARY PUBLIC STATE OF FLORIDA
MY COMMISSION # CC 396137
EXPIRES: October 28, 1998
Bonded Thru Notary Public Underwriters

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1996

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

FILED
95 DEC 19 AM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1a. DOCUMENT # **A95000001102**

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

HAMMOCK LAKES ASSOCIATES, LTD.

Mailing Address	Principal Office Address
3888 HOLLYWOOD BLVD., PENTHOUSE NORTH HOLLYWOOD FL 33021	3888 HOLLYWOOD BLVD., PENTHOUSE NORTH HOLLYWOOD FL 33021

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

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip 300001670253
-12726735--01029--003
****191.25 ****191.25

2a. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City, State & Zip

3. Date Formed or Registered to Do Business in FLORIDA: 07/19/1995

3a. Date of Last Report:

4. State or Country of Formation: FL

6. FEI Number: APPLIED FOR

7. CERTIFICATE OF STATUS REQUIRED: Applied For [ ] Not Applicable [ ]

5a. Capital Contributions as Shown on Record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date: $ 1,000.00

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 $576.25 ($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.

CR 12-22

9. Name and Address of Current Registered Agent

FREEMAN, PAUL H ESQ.
9100 SOUTH DADELAND BLVD., SUITE 1406
MIAMI FL 33156

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City: FL Zip Code

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.

SIGNATURE (Registered Agent Accepting Appointment) DATE

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

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SOUTHEAST CITRUS CAPITAL COR	3888 HOLLYWOOD BLVD.,	HOLLYWOOD FL 33021	P54729

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 execute this report as required by chapter 620, Florida Statutes.

DATE 12/12/95

SIGNATURE C. P. LEXOW

Typed or Printed Name of General Partner Signing Form

Telephone Number (305) 983-7133

CR2E003 (6/95)