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

LIMITED PARTNERSHIP **ÅNNUAL REPORT** 1997



FLORIDA DEPARTMEN OF STATE

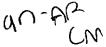
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A9500001102

HAMMOCK LAKES ASSOCIATES, LTD.



FILED

95 HOV -7 AM 9: 39

SECRETAINT OF STATE TALLAHASSEE, FLORIDA



	Q()	CW		
Maing Address 3900 HOLLYWOOD BLYD. PENTHOUSE NORTH HOLLYWOOD FL 33021	Principal Office Address 3900 HOLLYWOOD BLVD PENTHOUSE NORTH HOLLYWOOD FL 33021		3. Date Formed or Registered 07/19/1995	5a. Capital Contributions as Shown on record \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date # 1,000.00
TOLETHOOD TE WALL			3a. Date of Last Report 12/18/1995	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	
Suite, Apt #, etc	Suite, Apt. #, etc.		6. APPLIED FOR	Applied For Dot Applied Sor
City & State	City & State		59-34058	77
Zip Country	Zip Country		7. Cert-ficate of Status Desired \$8.75 Additional Fee Required	
			8. Make check payable to Dept. of State (See reverse side for fee information)	
O Name and Address of Course	t Devistand & cont	1	10 Highwaad nau Poasta	cod Agentif Man
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 are for the purpose of changing its registered of ce or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Ft	ned limited partnershij londa Such change v	vas a ithorized by its general partner(s). The	ereby accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A CORPORATION	I IMITED PA	DAT ARTNERSHIP OR OTH	
MUS	T BE REGISTERED AN	ND ACTIVE	WITH THIS OFFICE.	EN DOSINESS ENTITT
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers) 11		1b. City, State & Zip Code	11c. Registration/ Document Number
SOUTHEAST CITRUS CAPITAL COR	THEAST CITRUS CAPITAL COR 3900 HOLLYWOOD BLVD.,		HOLLYWOOD FL 33021	F54729
			200002 -11/18 ****1	20066328 3/9601005012 191.25 ****191.25
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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 Trelease 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 corporations from any material or non-completate with deciden in a cryotypy in the event that one information supplied is decired excitigit from public access. Fromther certify that the information in ordered this annual report is true and accurate and that my signature shall have a fellows as it made under oath. I further certify that I are a General Partner of the limited partnership, receiver or trusted empowered to execute this regular as required by chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form