

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001102**

1. Entity Name
HAMMOCK LAKES ASSOCIATES, LTD.



Principal Place of Business
**3900 HOLLYWOOD BLVD., PENTHOUSE NORTH
HOLLYWOOD FL 33021**

Mailing Address
**3900 HOLLYWOOD BLVD., PENTHOUSE NORTH
HOLLYWOOD FL 33021**

FILED
03 MAY -1 PM 6:10
**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3405894	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN, PAUL H ESQ. 9100 SOUTH DADELAND BLVD., SUITE 1406 MIAMI FL 33156		Name Street Address (P.O. Box Number is Not Acceptable) 1840 WEST 49th STREET SUITE 410 City HALEAH FL Zip Code 33012	

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 *X Paul H Freeman* **PAUL H. FREEMAN** DATE **4/30/03**

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F54729	STREET ADDRESS	
NAME	SOUTHEAST CITRUS CAPITAL CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	3900 HOLLYWOOD BLVD., PENTHOUSE NORTH	STREET ADDRESS	500017843005
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	05/01/03--01080--004 **141.25
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		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: *X [Signature]* **LEXON PRES** DATE **4/30/03** DAYTIME PHONE # **954-983-7133**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)

STAPLE CHECK HERE