

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000001865

1. Entity Name
PROVEST MANAGEMENT, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 19 AM 9:10

Principal Place of Business
121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134

Mailing Address
121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0628897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RENTZ, R. LARRY
121 ALHAMBRA PLAZA, PH I, SUITE 1600
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # P16775
NAME HAMMOND VENTURE, INC.
STREET ADDRESS 121 ALHAMBRA PLAZA, PH I, SUITE 1600
CITY-ST-ZIP CORAL GABLES, FL 33134

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lyman Martyn **LYMAN MARTYN**
SEC HAMMOND VENTURE, INC 1/6/06 305-443-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #