

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE**

**FILED**

97 APR 29 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP ANNUAL REPORT 1997**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001628**

**HAMMOCKS MANOR PARTNERS LTD.**



Mailing Address

Principal Office Address

MERIDIAN EXECUTIVE CENTER  
AT THE BLUE LAGOON STE 484 815 NW 57TH AVE  
MIAMI FL 33126

MERIDIAN EXECUTIVE CENTER  
AT THE BLUE LAGOON STE 484 815 NW 57TH AVE  
MIAMI FL 33126

3. Date Formed or Registered

08/28/1996

5a. Capital Contributions as Shown on record.

\$1,000,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

BESU, ROGER  
MERIDIAN EXECUTIVE CENTER  
AT THE BLUE LAGOON STE 484 815 NW 57TH AVE  
MIAMI FL 33126

Name

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

Suite, Apt. #, etc.

City

500002167585--0

05/06/97--01076--010

\*\*\*1050.00 \*\*\*1050.00

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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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

HAMMOCKS MANOR HOMES INC.

815 N.W. 57 AVE., STE

MIAMI FL 33128

P98000081616

500  
437.50  
103.75  
8.75

**REINSTATEMENT**

*JDF*  
*dec*

**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.

SIGNATURE

DATE 02/12/97

Typed or Printed Name of General Partner Signing Form

JOSE DANIEL FERNANDEZ, PRES.

Daytime Telephone Number 305/262-7300

HAMMOCKS MANOR HOMES, INC.