


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

98 JAN 21 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HAMMOCKS MANOR PARTNERS LTD.		1a. DOCUMENT # A96000001628	
Mailing Address MERIDIAN EXECUTIVE CENTER AT THE BLUE LAGOON STE 404 815 NW 57TH AVE MIAMI FL 33120		Principal Office Address MERIDIAN EXECUTIVE CENTER AT THE BLUE LAGOON STE 404 815 NW 57TH AVE MIAMI FL 33120	
2. Mailing Address c/o Roger Besu, Esq. Suite, Apt. #, etc. 1925 Brickell Ave., #D-206 City & State Miami, FL Zip Country 33129		2a. Principal Office Address c/o Roger Besu, Esq. Suite, Apt. #, etc. 1925 Brickell Ave., #D-206 City & State Miami, FL Zip Country 33129	
3. Date Formed or Registered 08/28/1996		5a. Capital Contributions as Shown on record. \$1,000,000.00	
3a. Date of Last Report 04/29/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$1,750,000.00	
4. State or Country of Formation FL		6. FEI Number 65-0707990 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 BESU, ROGER MERIDIAN EXECUTIVE CENTER AT THE BLUE LAGOON STE 404 815 NW 57TH AVE MIAMI FL 33120		10. If changed, new Registered Agent/Office Name ROGER BESU Street Address (P.O. Box Number Is Not Acceptable) 1925 Brickell Ave., Suite, Apt. #, etc. D-206 City Miami FL Zip Code 33129	
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) HAMMOCKS MANOR HOMES INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 815 N.W. 57 AVE., STE 1925 Brickell Ave. Suite D-206	11b. City, State & Zip Code MIAMI FL 33126 Miami, FL 33129	11c. Registration/ Document Number P96000061616
500002407675--9 -01/21/98--01132--002 ****526.25 ****526.25			

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.

HAMMOCKS MANOR HOMES, INC., a Fla. corporation

SIGNATURE By: Jose Daniel Fernandez, President

DATE **9/24/97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **(305) 854-6363**

CR2E003 (6/97)