

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000002088

1. Entity Name  
LIME STREET LTD.



Principal Place of Business  
121 ALHAMBRA PLAZA  
PENTHOUSE 1 SUITE 1600  
CORAL GABLES, FL 33134

Mailing Address  
121 ALHAMBRA PLAZA  
PENTHOUSE 1 SUITE 1600  
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01132005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0715318

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RENTZ, R. LARRY  
121 ALHAMBRA PLAZA  
PENTHOUSE 1 SUITE 1600  
CORAL GABLES, FL 33134

Name

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

City

**FL**

Zip Code

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

9. Capital Contributions  
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 # P16775  
NAME HAMMOND VENTURE, INC.  
STREET ADDRESS 121 ALHAMBRA PLAZA, PH 1, SUITE 1600  
CITY-ST-ZIP CORAL GABLES, FL 33134

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

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)(f), 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:

*Yazmin Gil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **YAZMIN GIL, TREASURER**

1/17/05

305-443-1000

Date

Office Phone #

STAPLE CHECK HERE