

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000000449

**Entity Name:** HARDIN HAMMOCK ESTATES ASSOCIATES, LTD.

**Current Principal Place of Business:**

405 ATLANTIS ROAD  
SUITE B111  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

PO BOX 321209  
COCOA BEACH, FL 32902-1209

**FEI Number:** 59-3232164

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KINCAID, JAMES  
405 ATLANTIS ROAD  
SUITE B111  
CAPE CANAVERAL, FL 32920 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document # P94000025058  
Name SOLUTIONS - HAMMOCK, INC.  
Address 1108 KANE CONCOURSE #301  
City-State-Zip: MIAMI BEACH FL 33154-2068

Document # P94000025055  
Name ADVANCED CAPITAL DEV. CORP. -  
HAMMOCK, INC  
Address 250 CATALONIA AVE #606  
City-State-Zip: CORAL GABLES FL 33134

Document # P94000024756  
Name HERITAGE PARTNERS GROUP IX,  
INC.  
Address 405 ATLANTIS ROAD  
SUITE B111  
City-State-Zip: CAPE CANAVERAL FL 32920

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES KINCAID

**VICE PRESIDENT**

**03/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date