


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 10:24

DOCUMENT # A25975

1. Entity Name
THE HAMPTONS ASSOCIATES, LTD.



Principal Place of Business
2 GILLON STREET, SUITE A
CHARLESTON, SC

Mailing Address
2 GILLON STREET, SUITE A
CHARLESTON, SC

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

04062006 Chg-LP CR2E003 (11/05)

4. FEI Number
58-1772820

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent

~~MINEGAR, CRAIG A ESQ.~~
~~C/O WINDERWEEDLE, HAINES, ET AL~~
~~250 PARK AVENUE SOUTH, 5TH FLOOR~~
~~WINTER PARK, FL 32790-0880~~

7. Name and Address of New Registered Agent

Name **WHW, INC.**

Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVE., SUITE 1500

City **ORLANDO** FL Zip Code **32801**

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 *By: Debbie Fricke, VP* **DEBBIE FRICKE, VP** DATE **4/6/06**

**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 #	
NAME	HARLEY, EDWIN W.
STREET ADDRESS	2 GILLON STREET
CITY-ST-ZIP	CHARLESTON, SC
DOCUMENT #	F9300001243
NAME	HPI PARTNERS II, INC.
STREET ADDRESS	2 GILLON STREET
CITY-ST-ZIP	CHARLESTON, SC
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

000074081230
05/05/06--01049--008 **500.00

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: *Edwin W. Harley* **Edwin W. Harley** DATE **4-14-06** DAYTIME PHONE # **843.853.6311**

STAPLE CHECK HERE