


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED**

2007 APR -3 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A25975 1. Entity Name THE HAMPTONS ASSOCIATES, LTD.	
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Principal Place of Business 2 GILLON STREET, SUITE A CHARLESTON, SC	Mailing Address 2 GILLON STREET, SUITE A CHARLESTON, SC
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LP CR2E003 (12/06)

4. FEI Number 58-1772820	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  WHWW INC 390 N ORANGE AVE SUITE 1500 ORLANDO, FL 32801
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 STREET ADDRESS CITY-ST-ZIP	HARLEY, EDWIN W. 2 GILLON STREET CHARLESTON, SC
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001243 HPI PARTNERS II, INC. 2 GILLON STREET CHARLESTON, SC
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**DO NOT WRITE IN THIS SPACE**

900096240259  
04/09/07--01040--013 \*\*508.75

STAPLE CHECK HERE

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: 	Date: 3-15-07	Daytime Phone #: 843.853-6311
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #