

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-22-2002 90266 021 ****50.00

DOCUMENT # L00000007376

1. Entity Name

HAMPTON REALTY GROUP, L.L.C.

Principal Place of Business

Mailing Address

1200 BRICKELL AVE. SUITE 900
 C/O AGI REGISTERED AGENTS INC.
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

1200 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 900

City & State

City & State

Miami Florida

Zip

Country

Zip

Country

33131

U.S.A

4. FEI Number

11-3557927

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE. SUITE 900
 MIAMI FL 33131

Name

AGI Registered Agents Inc.

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

1200 Brickell Avenue

Suite 900

City

Miami

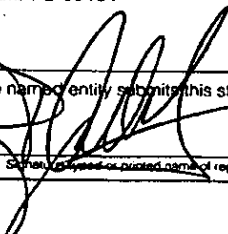
FL

Zip Code

33131

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.

SIGNATURE



(NOTE: Registered Agent signature required when reinstating)

05/1/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
 NAME: Parnes, Aaron
 STREET ADDRESS: 1320 E 17 Street
 CITY-ST-ZIP: Brooklyn, NY 11230

Change Addition

TITLE: Delete

Change Addition

TITLE: Delete

Change Addition

TITLE: Delete

Change Addition

TITLE: Delete

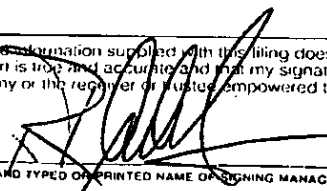
Change Addition

TITLE: Delete

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/1/02

305-416-6800