


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000000041					
1. Entity Name HAMPTON POINT LIMITED PARTNERSHIP					
Principal Place of Business 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714			Mailing Address 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc. _____			Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____	Country _____	Zip _____	Country _____	4. FEI Number 59-3747461	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COSTOLO, W. TERRY ESQ. 301 E PINE ST., STE 1400 ORLANDO, FL 32801				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,497,956.00			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 #	NAME		STREET ADDRESS		
NAME	PICERNE HAMPTON POINT LLC		CITY - ST - ZIP		
STREET ADDRESS	247 NORTH WESTMONTE DRIVE				
CITY - ST - ZIP	ALTAMONTE SPRINGS, FL 32714				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			4/26/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



02152005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3747461

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Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

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SIGNATURE: _____ 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #