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

DO NOT WRITE IN THIS SPACE

## FILED May 06, 2006 08:00 AM Secretary of State

DOCUMENT	#A01	100000	00041
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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



04192006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3747461 Applied For Not Applicable

5. Certificate of Status Desired

\$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

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<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.</li></ol>	agent, or both, in the State of Florida. I am familiar with, and accept
Signature - Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	000000541965 05/10/06-80078-019 <b>5</b> 00.00
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTER NOTE: General Partners MAY NOT be changed on the form; an amendment in	
12. GENERAL PARTNER INFORMATION	

## DOCUMENT # PICERNE HAMPTON POINT LLC NAME STREET ADDRESS 247 NORTH WESTMONTE DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CLTY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

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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: .

CHECK

STAPLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT M PICERNE 4/27/06

407472020

Daytime Phone #