

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

FILED

06 MAY -1 PM 1:23

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001625				
1. Entity Name HAMPTON POINT PHASE II LIMITED PARTNERSHIP				
Principal Place of Business 247 N. WESTMOTE DRIVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 247 N. WESTMOTE 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 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
COSTOLO, W. TERRY ESQ 301 E. PINE STREET, STE. 1400 ORLANDO, FL 32801		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 _____
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		13. ADDRESS CHANGES ONLY		
DOCUMENT #	L05000082192	STREET ADDRESS		
NAME	PICERNE HAMPTON POINT PHASE II, LLC	CITY-ST-ZIP		
STREET ADDRESS	247 N. WESTMOTE DRIVE			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714			
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS			600075026636	
CITY-ST-ZIP			05/22/06--01040--U21 **500.00	
DOCUMENT #		STREET ADDRESS		
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NAME		CITY-ST-ZIP		
STREET ADDRESS				
CITY-ST-ZIP				
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: _____		Robert M Picerne	4/27/6	407772 0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	

STAPLE CHECK HERE