

**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

04262006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

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

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**

**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**  
 NAME **PICERNE HAMPTON POINT PHASE II, LLC**  
 STREET ADDRESS **247 N. WESTMOTE DRIVE**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32714**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Robert M Picerne**

**4/27/6**

Date

**407772 0200**

Daytime Phone #

STAPLE CHECK HERE