


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-3490276**
APPLIED FOR

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 STREET, 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	400104435194
NAME		CITY-ST-ZIP	06/15/07--01060--022 **500.00
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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:  **4/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #