


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A09004 1. Entity Name HAMPTON VILLAS, LTD.			
Principal Place of Business 6143 SPIREA STREET JACKSONVILLE FL 32209		Mailing Address 6143 SPIREA STREET JACKSONVILLE FL 32209	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
2005 APR 12 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)

4. FEI Number 59-2145653		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HAMPTON, FRANK 6143 SPIREA STREET JACKSONVILLE FL 32209		
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. \$42,000.00	10. Amount of Capital Contributions in FLORIDA to date.	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 #	HAMPTON, FRANK 6143 SPIREA ST. JACKSONVILLE FL 32209	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 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:  **FRANK HAMPTON** 4-5-05 (352) 787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE