


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

**FILED**  
**May 01, 2006 08:00**  
**Secretary of State**

<b>DOCUMENT # A09004</b> 1. Entity Name HAMPTON VILLAS, LTD.	
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Principal Place of Business 6143 SPIREA STREET JACKSONVILLE, FL 32209	Mailing Address 6143 SPIREA STREET JACKSONVILLE, FL 32209
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03072006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
IN THIS SPACE**

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:

*Max Stary as Guardian for Frank Hampton Sr.*  
Signature typed or printed name of registered agent and title if applicable

DATE  
4/17/06

**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**

DOCUMENT #	
NAME	HAMPTON, FRANK
STREET ADDRESS	6143 SPIREA ST.
CITY - ST - ZIP	JACKSONVILLE, FL 32209

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05/16/06-80006-025 508.75

**DO NOT WRITE  
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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 820, Florida Statutes.

SIGNATURE:

*Max Stary as Guardian for Frank Hampton Sr.*  
Signature typed or printed name of signing general partner

Date

Daytime Phone #