2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A09004

1. Entity Name
HAMPTON VILLAS, LTD.

Principal Place of Business	Mailing Address
6143 SPIREA STREET JACKSONVILLE, FL 32209	6143 SPIREA STREET JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

02132007 No Chg-LP   CR2E003 (12/06)

4. FEI Number	Applied For
59-2145653	Not Applicable

5. Certificate of Status Desired   ☒   **$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 _____
Signature, typed or printed name of registered agent and title if applicable.   DATE

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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HAMPTON, FRANK 6143 SPIREA ST. JACKSONVILLE, FL 32209
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05/08/07-80098-016 508.75

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STAPLE CHECK HERE

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 _Frank Hampton_ FRANK HAMPTON 4-20-07 (352) 787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #