


APPROVED
AND
FILED

04 APR -8 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A20860 1. Entity Name HAMPTON VILLAS, LTD. II	
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Principal Place of Business	Mailing Address
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2. Principal Place of Business 1515 E. LINCOLN AVE.	3. Mailing Address 613 S. 12th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MT. DORA FLORIDA	City & State LEESBURG, FLORIDA
Zip 32757	Country USA
Zip 34748	Country USA



02032004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2888915	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$20,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 STREET JACKSONVILLE, FL 32209	STREET ADDRESS	100033174831 04/20/04--01059--036 **237.50
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STAPLE CHECK HERE

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: <i>Frank Hampton, Sr.</i> Frank Hampton, Sr.	Date 4/6/04	Daytime Phone # 1-904-764-4236
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		