

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

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

DOCUMENT # A20860

1. Entity Name  
HAMPTON VILLAS, LTD. II



Principal Place of Business  
1515 E LINCOLN AVE  
MT DORA, FL 32757

Mailing Address  
613 S 12TH ST  
LEESBURG, FL 34748



03072006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

|  |                                |
|--|--------------------------------|
| 4. FEI Number<br>59-2888915  | Applied For<br>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

*As Guardian for Frank Hampton Sr.*

4/17/06

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

DATE

**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  
STREET ADDRESS  
CITY - ST - ZIP  
HAMPTON, FRANK  
6143 SPIREA STREET  
JACKSONVILLE, FL 32209

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U00000554733  
05/16/06-80006-009 508.75

**DO NOT WRITE  
IN THIS SPACE**

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:

*As Guardian for Frank Hampton Sr.* 4/17/06 (904) 355-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE