2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A20860

1. Entity Name
HAMPTON VILLAS, LTD. II

Principal Place of Business	Mailing Address
1515 E LINCOLN AVE MT DORA, FL 32757	613 S 12TH ST LEESBURG, FL 34748

DO NOT WRITE IN THIS SPACE

03272008 No Chg-LP   CR2E003 (12/06)

4. FEI Number		Applied For
59-2888915		Not Applicable

5. Certificate of Status Desired   ☒   **$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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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 STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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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 620, Florida Statutes

SIGNATURE: _Frank Hampton_   FRANK HAMPTON   4-23-08   352-787-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #