

526.25

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**DOCUMENT # A25975**

1. Entity Name  
**THE HAMPTONS ASSOCIATES, LTD.**



Principal Place of Business  
**2 GILLON STREET  
 SUITE A  
 CHARLESTON, SC**

Mailing Address  
**2 GILLON STREET  
 SUITE A  
 CHARLESTON, SC**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06242004

Chg-LP

CR2E003 (10/03)

4. FEI Number

**58-1772820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**SMETZER, BONNIE  
 JACKSON MANAGEMENT GROUP  
 2174 HARRIS AVE. N.E.  
 PALM BAY, FL 32905**

7. Name and Address of New Registered Agent

Name **Craig A. Minegar, Esq.**  
**c/o Winderweede, Haines, Ward & Woodman**  
 Street Address (P.O. Box Number is Not Acceptable)  
**250 Park Avenue South**  
**5th Floor**  
 City **Winter Park, FL** Zip Code **32790-0880**

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 **6/24/04**

9. Capital Contributions  
 as Shown on record.

**\$2,000,000.00**

10. Amount of Capital Contributions  
 in FLORIDA to date.

**\$2,000,000.00**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 **HARLEY, EDWIN W.**  
 STREET ADDRESS **2 GILLON STREET**  
 CITY-ST-ZIP **CHARLESTON, SC**

DOCUMENT #  
 NAME **F93000001243**  
 STREET ADDRESS **HPI PARTNERS II, INC.**  
 CITY-ST-ZIP **2 GILLON STREET  
 CHARLESTON, SC**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

BK

**FILED**

**04 JUN 30 PM 2:16**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



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