2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 10 AM 10:34

DOCUMENT # A25975

1. Entity Name
THE HAMPTONS ASSOCIATES, LTD.

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

07062005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. # etc.	Suite, Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
MINEGAR, CRAIG A ESQ. C/O WINDERWEEDLE, HAINES, ET AL 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32790-0880	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

9. Capital Contributions as Shown on record.	$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date	

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 #		STREET ADDRESS	
NAME	HARLEY, EDWIN W.	CITY-ST-ZIP	
STREET ADDRESS	2 GILLON STREET		
CITY-ST-ZIP	CHARLESTON, SC		
DOCUMENT #	F93000001243	STREET ADDRESS	
NAME	HPI PARTNERS II, INC.	CITY-ST-ZIP	
STREET ADDRESS	2 GILLON STREET		
CITY-ST-ZIP	CHARLESTON, SC		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	300058885883 08/23/05--01041--006 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Edwin W. Harley 7-25-05 843-855-6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #