


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 APR 24 AM 10:24

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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1772820	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MINEGAR, CRAIG A ESQ. C/O WINDERWEEDLE, HAINES, ET AL 250 PARK AVENUE SOUTH, 5TH FLOOR WINTER PARK, FL 32790-0880			7. Name and Address of New Registered Agent Name WHWW, INC. Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE., SUITE 1500 City ORLANDO FL Zip Code 32801		
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 <i>By: Debbie Fricke, VP</i> Signature, typed or printed name of registered agent and title if applicable.			DEBBIE FRICKE, VP DATE 4/6/06		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HARLEY, EDWIN W. 2 GILLON STREET CHARLESTON, SC		STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F93000001243 HPI PARTNERS II, INC. 2 GILLON STREET CHARLESTON, SC		STREET ADDRESS CITY-ST-ZIP	000074081230 05/05/06--01049--008 **\$500.00	
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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: <i>Edwin W. Harley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4-14-06 Date		843.853.6311 Daytime Phone #

STAPLE CHECK HERE