

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001822	
1. Entity Name SOUTH HAMPTON PARTNERS, LTD.	



Principal Place of Business 10161 CENTURION PKWY. NORTH, SUITE 190 JACKSONVILLE, FL 32256	Mailing Address PO BOX 16068 JACKSONVILLE, FL 32245
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02022005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3343811		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SIMON, BERT C 1660 PRUDENTIAL DR. STE. 203 JACKSONVILLE, FL 32207		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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P95000066597	STREET ADDRESS	
NAME	SOUTH HAMPTON, INC.	CITY-ST-ZIP	
STREET ADDRESS	10161 CENTURION PKWY. NORTH, SUITE 190		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
DOCUMENT #		STREET ADDRESS	000000222211
NAME		CITY-ST-ZIP	02/09/05-80064-010 150.00
STREET ADDRESS			
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NAME		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: **Edward E. Burr** Feb. 2, 2005 (904) 998-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE