

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A95000001822**

1. Entity Name  
**SOUTH HAMPTON PARTNERS, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 24 AM 9:15

Principal Place of Business  
**10161 CENTURION PKWY. NORTH, SUITE 190  
JACKSONVILLE, FL 32256**

Mailing Address  
**PO BOX 16068  
JACKSONVILLE, FL 32245**

2. Principal Place of Business  
**10739 Deerwood Park Blvd.**

3. Mailing Address  
**10739 Deerwood Park Blvd.**

Suite, Apt. #, etc.  
**Suite 300**

Suite, Apt. #, etc.  
**Suite 300**

01112006 Chg-LP CR2E003 (11/05)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number  
**59-3343811**

Applied For  
☐ Not Applicable

Zip  
**32256-2873**

Country  
**Duval**

Zip  
**32256-2873**

Country  
**Duval**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**SIMON, BERT C  
1660 PRUDENTIAL DR.  
STE. 203  
JACKSONVILLE, FL 32207**

**7. Name and Address of New Registered Agent**

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

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

DATE

**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**

DOCUMENT # **P95000066597**  
NAME **SOUTH HAMPTON, INC.**  
STREET ADDRESS **10161 CENTURION PKWY. NORTH, SUITE 190**  
CITY-ST-ZIP **JACKSONVILLE, FL 32256**

**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

**900064999429  
02/01/06--01077--019 \*\*\$500.00**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**January 16, 2006**

Date

**(904) 998-8300**

Daytime Phone #

STAPLE CHECK HERE