

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A95000001822

1. Entity Name
SOUTH HAMPTON PARTNERS, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 07 FEB -2 AM 10:50

Principal Place of Business 10739 DEERWOOD PARK BLVD SUITE 300 JACKSONVILLE, FL 32256-2873	Mailing Address 10739 DEERWOOD PARK BLVD SUITE 300 JACKSONVILLE, FL 32256-2873
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01162007 Chg-LP CR2E003 (12/06)

4. FEI Number

59-3343811

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

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, 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 # **P95000066597**
 NAME **SOUTH HAMPTON, INC.**
 STREET ADDRESS **10161 CENTURION PKWY. NORTH, SUITE 190**
 CITY-ST-ZIP **JACKSONVILLE, FL 32256**

STREET ADDRESS **10739 Deerwood Park Blvd., Ste. 300**
 CITY-ST-ZIP **Jacksonville, FL 32256**

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

**400087873154
 02/03/07--01045--014 **500.00**

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STREET ADDRESS
 CITY-ST-ZIP

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:

Edward E. Burr, President

01/17/2007 (904) 998-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE