

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

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000001837		
1. Entity Name <b>HAMPTON COURT PARTNERS, LTD.</b>		

Principal Place of Business  
**11900 BISCAYNE BLVD., SUITE 262  
 NORTH MIAMI, FL 33181**

Mailing Address  
**11900 BISCAYNE BLVD., SUITE 262  
 NORTH MIAMI, FL 33181**

2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GREEN, PATRICIA K          2200 MUSEUM TOWER          150 WEST FLAGLER STREET          MIAMI, FL 33130</b>				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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A98000001801	STREET ADDRESS	
NAME	CASTLE TWO, LTD.	CITY-ST-ZIP	
STREET ADDRESS	11900 BISCAYNE BLVD., SUITE 262		
CITY-ST-ZIP	NORTH MIAMI, FL 33181		
DOCUMENT #		STREET ADDRESS	000000541932
NAME		CITY-ST-ZIP	05/10/06 00079 010 500.75
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DOCUMENT #		STREET ADDRESS	
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 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

*R. P. Stone* *ETTO STONE* *4/16/06* *305891333*

Daytime Phone #