

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A98000001837

1. Entity Name  
HAMPTON COURT PARTNERS, LTD.



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

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

FILED  
07 APR 11 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0857961

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

GREEN, PATRICIA K  
2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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**

DOCUMENT # A98000001801  
NAME CASTLE TWO, LTD.  
STREET ADDRESS 11900 BISCAYNE BLVD., SUITE 262  
CITY-ST-ZIP NORTH MIAMI, FL 33181

DOCUMENT #  
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100097292691  
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**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

STAPLE CHECK HERE