


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # B95000000304 1. Entity Name HAMPTON HILLS LIMITED PARTNERSHIP	
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Principal Place of Business 20 TRAFALGAR SQUARE, SUITE 602 NASHUA, NH 03063	Mailing Address 2476 N. ESSEX AVE. HERNANDO, FL 34442
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DO NOT WRITE IN THIS SPACE

03162006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 02-0479604	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ABEL, ERIC D ESQ
2476 N ESSEX AVE
HERNANDO, FL 34442

**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.

000000492961
04/19/06 000000 022 500.00
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 #	F95000003585
NAME	HERNANDO PROPERTIES, INC.
STREET ADDRESS	20 TRAFALGAR SQ., SUITE 601
CITY-ST-ZIP	NASHUA, NH 03063
DOCUMENT #	G01155900122
NAME	FIVE N ASSOCIATES
STREET ADDRESS	40 TEMPLE STREET
CITY-ST-ZIP	NASHUA, NH 03060
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

3/30/06 352-746-6060
Date Daytime Phone #

STAPLE CHECK HERE