

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000005648

1. Entity Name
HAMPTONS DP NOTE, LLC



FILED
04 JUN 30 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O HPI PARTNERS I, INC.
2 GILLON STREET
CHARLESTON, SC 29401

Mailing Address
C/O HPI PARTNERS I, INC.
2 GILLON STREET
CHARLESTON, SC 29401



2. Principal Place of Business		3. Mailing Address		06242004	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
City & State		City & State		01-0638467	Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMETZER, BONNIE 2174 HARRIS AVENUE, SUITE 7 C/O JMG REALTY, INC. PALM BAY, FL 32905		Name: Craig A. Minegar, Esq. c/o Winderweede, Haines, Ward & Woodman Street Address (P.O. Box Number is Not Acceptable): 250 Park Avenue South 5th Floor City: Winter Park FL Zip Code: 32790-0880	

8. The above named entity admits 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]* (NOTE: Registered Agent signature required when reinstating) DATE: 6/25/04

Filing Fee is \$50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARLEY, EDWIN W 2 GUILLON STREET CHARLESTON, SC 29401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 6/25/04 DAYTIME PHONE: 843.853-6311