2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000005648

1. Entity Name
HAMPTONS DP NOTE, LLC

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

07062005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
01-0638467
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MINEGAR CRAIG A
C/O WINDERWEEDLE, HAINES, ET AL
250 PARK AVENUE SOUTH, 5TH FLOOR
WINTER PARK, FL 32790-0880

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 7, 2005

100000373232
07/18/05-80006-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARLEY, EDWIN W
STREET ADDRESS	2 GUILLON STREET
CITY-ST-ZIP	CHARLESTON, SC 29401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: E. W. Harley 7/7/05 843.853.6311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #