

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90010 012 \*\*\*\*55.00

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<b>DOCUMENT # L02000005648</b> 1. Entity Name <b>HAMPTONS DP NOTE, LLC</b>					
Principal Place of Business <b>C/O HPI PARTNERS I, INC.</b> <b>2 GILLON STREET</b> <b>CHARLESTON, SC 29401</b>			Mailing Address <b>C/O HPI PARTNERS I, INC.</b> <b>2 GILLON STREET</b> <b>CHARLESTON, SC 29401</b>		
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>MINEGAR, CRAIG A</b> <b>C/O WINDERWEEDLE, HAINES, ET AL</b> <b>250 PARK AVENUE SOUTH, 5TH FLOOR</b> <b>WINTER PARK, FL 32790-0880</b>				Name <b>WHWW, INC.</b> Street Address (P.O. Box Number is Not Acceptable) <b>390 N. ORANGE AVE., SUITE 1500</b> City <b>ORLANDO</b> FL <b>32801</b>	
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 <i>[Signature]</i> VP <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>DEBBIE FRICKE, VP</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/6/06</b>	
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARLEY, EDWIN W		NAME		
STREET ADDRESS	2 GUILLON STREET		STREET ADDRESS		
CITY - ST - ZIP	CHARLESTON, SC 29401		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/13/06</b> Daytime Phone # <b>843.853.6311</b>		