## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L02000012065  1. Entity Name THE HAMPTONS LLC					04-27-2005 90029 047 ****50.00					
Principal Place	e of Business	Mailing Address								
1025 FLAMEVINE LANE STE. 3 VERO BEACH, FL 32963		1025 FLAMEVINE LANE STE. 3 VERO BEACH, FL 32963				20049904				
						1	CRIPA MANI CRIM RANG AAN		I CENTA CHEN EN	TEN IN FILE
2. Principal Place of Business 1101 18th Place		3. Mailing Address P.O. Box 1477								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01142005	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State				4. FEI Numbe	er		Ар	plied For
Vero Be		Vero Beach,		<u> </u>		30-007	4521	<del></del>	<del></del>	t Applicable
Zip 32960	Country USA	<sup>Zip</sup> 32961	USA	•		5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current R		, 00.			7. Name and	Address of New R	egistered A	gent	· .
LAMBERT,	DUII ID A			Name Lambe	ert,	Philip A	Α.			
1025 FLAN	, PHILIP A MEVINE LANE STE. 3 ACH, FL 32963	Str			Address (P.O. Box Number is Not Acceptable) 18th Place					
				City Vero	Beac	h		FL	Zip Code 3296	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the State of Flo	orida. I am fa		
SIGNATURE	Signature, typed or printed name of registered agent ar	of title if englished (NOT	F: Danietera	n Agent signati	ra required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005										
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Fi Dı	ling Fee is \$50.00 ue by May 1, 2005 MANAGING MEMBEF		10.					e check pa Departme	•	9
9.	MANAGING MEMBER		10.		MGRM		Florida ADDITIONS/	e check pa a Departme (CHANGES	•	<b>a</b> Addition
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9.	MANAGING MEMBER	S/MANAGERS	10. TITLE NAM STRE	E E ADDRESS	MGRM LAMB 1101	ERT, PH	ADDITIONS/ ILIP A. LACE	e check pa a Departme (CHANGES	ent of State	
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11. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 179.07(5)(f), Florida Statutes. Fidure is 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.

Neal R. Lohuis, Treasurer Regency Windsor Management, Inc. (772) 778-8240

SIGNATURE

Davierie Prome F