FILED Jul 17, 2007 8:00 am Secretary of State 01-12-2007 90030 035 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011861 1. Entity Name HAMPTON ISLAND INVESTMENT, L.L.C.											
Principal Plac 4502 HIGHW			Mailing Address 4502 HIGHWAY 20 EAST			30011839					
SUITE A NICEVILLE, FL 32578			SUITE A NICEVILLE, FL 32578								
Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01092007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			<u>'</u>	4. FEI Numbe 57-115				oplied For ot Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired		\$5.00 Additional Fee Required			
	6. Name	and Address of Current F	*				7. Name and Address of New Registered Agent				
	ERALD C	P.A. " QAST PARKWAY		Name Street Address (P.O. Box Number is Not Acceptable)							
SUITE 2101 THE DESTIN FL 32541					-			·			
					City		_		FL	Zip Cod	e
8. The above the obligat	named entitions of regis	ly submits this statement for tered agent.	the purpose of changing its	register	ed office or i	register	ed agent, or bot	th, in the State of F	lorida. I am	familiar with,	and accept
SIGNATURE Signature, hyped or phinted name of registered agent and tale it applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	ling Fee ue by Ma	ls \$50.00 y 1, 2007								sayable to sent of Stat	
9.		MANAGING MEMBER		10.				ADDITIONS	/CHANGES	3	
TITLE .	MGRM HUFF, CH	HANDLER	Delete	TITUS NAM	-					☐ Change	Addition
STREET ADDRESS	1415 WIN	IDWARD LANE E. FL 32578		STRE	ET ADORESS - ST-ZIP						
TITLE	74.02.1122		☐ Delete	TITLE		MGI	R.M			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADORESS	P ₅₀ 2		Herndon y 20 East FL 32578	, Suite	e A	
TITLE			Delete	TITLE		MICK	sville,	FL 32316		Change	Addition
NAME	·			NAM	_					_ ,	
STREET ADDRESS City-St-Zip					-ST-ZIP						1
TITLE			☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	E ADOMESS						
CITY-ST-ZIP					-S1-ZIP						
TITLE Name			☐ Delete	NAMI	ĺ					☐ Change	Addition
STREET ADDRESS CITY+ST-ZIP					ET ADORESS - ST - ZIP						
TITLE	,		Delete	TITLE			 			☐ Change	Addition
NAME Street Address				NAM! STRE	ET ADDRESS						
CITY-ST-ZIP	agih, that -	a information cumuling.	his filing affine and accept for		-S1-ZIP	tain-a	- Charles 112	Clasica Statut		. Hans des la de	
11. Thereby certify that the information supplied with this filling afters not qualify for the exemptions contained in Chapter 119, Florida Status(s. Hurther certify that the information indicated on this report is true and accurate and that my after shall have the same legal effect as if made under oath; that I am a hanging member or manager of the limited liability company or the receiver or tristee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: 18/07											
SIGNAL	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Days Deviation Proces										