


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90178 031 \*\*\*\*50.00

<b>DOCUMENT # L03000014321</b> 1. Entity Name <b>SOUTH HAMPTON ASSET MANAGEMENT, LLC</b>					
Principal Place of Business <b>1655 PALM BEACH LAKES BOULEVARS STE 900 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>20981 ISLAND SOUND CIR STE 103 ESTERO, FL 33928</b>		
2. Principal Place of Business - No P.O. Box # <b>20981 Island Sound Cir.</b>		3. Mailing Address Suite, Apt. #, etc. <b>103</b>			
City & State <b>ESTERO, FL</b>		City & State <b>ESTERO, FL</b>		4. FEI Number <b>20-0011657</b>	
Zip <b>33928</b>		Country <b>LEE</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>ZARETSKY, RICHARD P 1655 PALM BEACH LAKES BOULEVARS, SUITE 900 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GLADES MANAGEMENT COMPANY 1655 PALM BEACH LAKES BLVD STE 900 WEST PALM BEACH, FL 33401</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>20981 Island Sound Cir., #103 ESTERO, FL 33928</b>	
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	
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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 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.					
<b>SIGNATURE: MAUREEN LAROCHE</b> <b>MANAGING MEMBER 3/26/07</b>					