

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90066 046 ****50.00

DOCUMENT # L04000002226

1. Entity Name
HAMPDON PROPERTY, L.L.C.



Principal Place of Business
**C/O KLUGER, PERETZ, KAPLAN & BERLIN, PL
201 S BISCAYNE BLVD, STE 1700
MIAMI, FL 33131**

Mailing Address
**C/O KLUGER, PERETZ, KAPLAN & BERLIN, PL
201 S BISCAYNE BLVD, STE 1700
MIAMI, FL 33131**



2. Principal Place of Business
46 Savage & Atlass, P.L.

Suite, Apt. #, etc.
801 NE 167 St., Ste. 302

City & State
N. Miami Bch., FL

Zip
33162

Country

3. Mailing Address
46 Savage & Atlass, P.L.

Suite, Apt. #, etc.
801 NE 167 St., Ste. 302

City & State
N. Miami Bch., FL

Zip
33162

Country

03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0635460

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MIAMI CENTER REGISTERED AGENTS, LLC
201 S BISCAYNE BLVD, STE 1700
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name
Savage & Atlass, P.L.

Street Address (P.O. Box Number is Not Acceptable)

801 NE 167 St., Ste 302

City
N. Miami Bch

FL

Zip Code
33162

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 *Jena Bissman Atlass* **Jena Bissman Atlass, Member** **3/28/06**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
NAME
CARTWELL, JONATHAN R
STREET ADDRESS
KINGSGATE HOUSE, 55 ESPLANADE ST HELLER
CITY-ST-ZIP
JERSEY JE23QB CHANNEL ISLANDS

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
MGR
NAME
Price, Michael P.
STREET ADDRESS
Kingsgate House, 55 Esplanade St. Heller
CITY-ST-ZIP
Jersey JE23QB Channel Islands

☐ Change ☒ Addition

TITLE
MGR
NAME
Wells, Spencer A.
STREET ADDRESS
Kingsgate House, 55 Esplanade St. Heller
CITY-ST-ZIP
Jersey JE23QB Channel Islands

☐ Change ☒ Addition

TITLE
MGR
NAME
Le Couilliard, David P.
STREET ADDRESS
Kingsgate House, 55 Esplanade St. Heller
CITY-ST-ZIP
Jersey JE23QB Channel Islands

☐ Change ☒ Addition

TITLE
MGR
NAME
Bougourd, Andrew E.
STREET ADDRESS
Kingsgate House, 55 Esplanade St. Heller
CITY-ST-ZIP
Jersey JE23QB Channel Islands

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE: *Jena Bissman Atlass* **Jena Bissman Atlass** **3/28/06** **305 651 4101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Authorized Representative