

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000002226

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



Principal Place of Business
C/O SAVAGE & ATLESS, PL
801 NE 167 ST STE 302
MIAMI, FL 33162

Mailing Address
C/O SAVAGE & ATLESS, PL
801 NE 167 ST STE 302
MIAMI, FL 33162

60028092

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02262007

Chg-LLC

CR2E083 (12/06)

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

SAVAGE & ATLESS, PL
801 NE 167 ST STE 302
MIAMI, FL 33162

North Miami Beach

7. Name and Address of New Registered Agent

Name

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

City

FL

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

[Signature]

(NOTE: Registered Agent signature required when re-registering)

3/6/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☒ Delete
NAME CARTNELL, JONATHAN R
STREET ADDRESS KINGSGATE HOUSE, 55 ESPLANADE ST HELLER
CITY-ST-ZIP JERSEY JE23QB CHANNEL ISLAND,

TITLE MGR ☐ Delete
NAME PRICE, MICHAEL P
STREET ADDRESS KINGSGATE HOASE 55 ESPLANADE ST HELLER
CITY-ST-ZIP JERSEY CHANNEL, IS je23qb

TITLE MGR ☐ Delete
NAME WELLS, SPENCER A
STREET ADDRESS KINGSGATE HOUSE 55 ESPLANDE ST HELLER
CITY-ST-ZIP JERSEY CHANNEL, IS je23qb

TITLE MGR ☐ Delete
NAME BOUGOURD, ANDREW E
STREET ADDRESS KINGSGATE HOUSE 55 ESPLANDE ST HELLER
CITY-ST-ZIP JERSEY CHANNEL, IS je23qb

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

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

6th March 2007
Date

+ 44 1534
Daytime Phone #

706058