

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

DOCUMENT # L04000002226

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



60028092

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

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

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

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

*North Miami Beach*

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

*Spencer A Wells*

(NOTE: Registered Agent signature required when 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

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	CARTNELL, JONATHAN R	KINGSGATE HOUSE, 55 ESPLANADE ST HELLER	JERSEY JE23QB CHANNEL ISLAND,	<input checked="" type="checkbox"/>
MGR	PRICE, MICHAEL P	KINGSGATE HOASE 55 ESPLANADE ST HELLER	JERSEY CHANNEL, IS je23qb	<input type="checkbox"/>
MGR	WELLS, SPENCER A	KINGSGATE HOUSE 55 ESPLANDE ST HELLER	JERSEY CHANNEL, IS je23qb	<input type="checkbox"/>
MGR	BOUGOURD, ANDREW E	KINGSGATE HOUSE 55 ESPLANDE ST HELLER	JERSEY CHANNEL, IS je23qb	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

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

*Spencer A Wells* 6<sup>th</sup> March 2007 + 44 1534

Date

Daytime Phone #

706058