


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000045503 1. Entity Name HAMPTON VILLAGE, L.L.C.	
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Principal Place of Business 933 BEVILLE ROAD, BUILDING 103-F SOUTH DAYTONA, FL 32119	Mailing Address P.O. BOX 551260 JACKSONVILLE, FL 32255
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03102006 No Chg-LLC

CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1249980	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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8. Name and Address of Current Registered Agent SCHNEIDER, MICHAEL N 5150 BELFORT ROAD, BUILDING 100 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE

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 reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

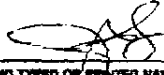
**Filing Fee is \$50.00
Due by May 1, 2006**

000000479293
04/08/06-80043-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHWARTZ, WINSTON 933 BEVILLE RD #103-F DAYTONA BEACH, FL 32119
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADLEY, JAMIE 933 BEVILLE RD #103-F DAYTONA BEACH, FL 32119
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DO NOT WRITE IN THIS SPACE

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:  **JAMIE ADLEY** 3/14/06 360 760253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #