

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90191 011 ****50.00

DOCUMENT # L05000016372 1. Entity Name HAMPTON KEY INVESTMENTS, LLC			
Principal Place of Business 881 OCEAN DRIVE UNIT 9A KEY BISCAYNE, FL 33149 US		Mailing Address 881 OCEAN DRIVE UNIT 9A KEY BISCAYNE, FL 33149 US	
2. Principal Place of Business - No P.O. Box <i>4660 Crandon Blvd</i> Suite, Apt., etc. <i>Suite 101</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i> Country <i>US</i>		3. Mailing Address <i>4660 Crandon Blvd</i> Suite, Apt., etc. <i>Suite 101</i> City & State <i>Key Biscayne, FL</i> Zip <i>33149</i> Country <i>US</i>	
4. FEI Number 20-2347785		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02052007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent PADIAL, JOSE L 2600 S. DOUGLAS ROAD, PH 6 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reinstating) 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	MGR JUAN CARLOS MERCENARI 881 OCEAN DRIVE - UNIT 9A KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>4660 Crandon Blvd #101</i> <i>Key Biscayne, FL 33149</i>
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
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
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
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
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	