2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

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Entity Name: SOUTHAMPTON 192 INVESTMENTS, LLC

Current Principal Place of Business:

800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 20-3258438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HARPER, DANIEL E SR.
Address: 7751 KINGSPOINTE PARKWAY, SUITE 124
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: SMITH, RAY
Address: 777 S. FLAGLER DR. WEST TOWER, STE 800
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Change (X) Addition
Name: MURPHY, STEPHEN
Address: 636 US HIGHWAY ONE, SUITE 118
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL E. HARPER, SR. MGR 01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date