
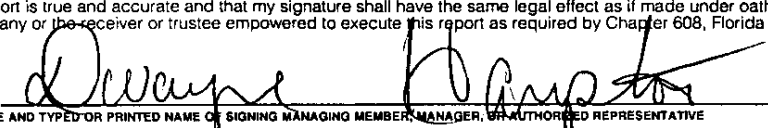


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2008 8:00 am**  
**Secretary of State**

05-16-2008 90189 035 \*\*\*138.75

|   |   |                                 |  |  |   |
|---|---|---------------------------------|--|--|---|
| <b>DOCUMENT # L07000121422</b>  |   |                                 |  |                       |   |
| <b>1. Entity Name</b><br>D HAMPTON LLC  |   |                                 |  |  |   |
| <b>Principal Place of Business</b><br>8903 30TH EAST<br>PARRISH, FL 34219 US  |   |                                 | <b>Mailing Address</b><br>8903 30TH EAST<br>PARRISH, FL 34219 US   |  |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>       |  |  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.             |  |  |   |
| City & State  |   | City & State                    |  | 04262008    Chg-LLC    CR2E083 (12/06)   |   |
| Zip   |   | Country                         |  | <b>4. FEI Number</b>   |   |
| Zip   |   | Country                         |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b>  |   |                                 |  | <b>7. Name and Address of New Registered Agent</b>   |   |
| HAMPTON, DWAYNE<br>8903 30TH EAST<br>PARRISH, FL 34219  |   |                                 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                  |   |
| <b>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.</b>  |   |                                 |  |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____  |   |                                 |  |  |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |                                 | <b>10. ADDITIONS/CHANGES</b>                                       |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>HAMPTON, DWAYNE<br>8903 30TH EAST<br>PARRISH, FL 34219   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>HAMPTON, DANETTE<br>8903 30TH EAST<br>PARRISH, FL 34219 | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |   |                                 |  |  |   |
| <b>SIGNATURE:</b>   |   |                                 |  |  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #  |   |                                 |  |  |   |