SIGNATURE:

DOCUMENT # A03145						
1. Entity Name COMPTON PROPERTIES, LIMITED				FILED		
		Mailing Address P.O. BOX 568367 ORLANDO FL 32856-8367			OO MAY -4 PM 4: 20 SECRETARY OF STATE TALEAHASSEE, FLORIDA	
Principal Place of Business A Mailing Address				T TO BEING THE IN SERVED THE PERSON THE STATE ST		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 59-1411005 Applied For Not Applicable	
Zip	ip Country Zip		Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
OADUOO.	MANIFO D			Name		
CARUSO, JAMES P. 260 W. PINELOCH ST.				Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32806-6133						
				City FL Zip Code		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.						
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	CARUSO, PHILIP P., JR. 260 W. PINELOCH ST. ORLANDO FL 32806-6133 CARUSO,J. PAUL 260 W. PINELOCH ST. ORLANDO FL 32806-6133			ET ADORESS -ST-ZIP		
CITY-ST-ZIP DOCUMENT# NAME			STRE	ET ADORESS	<u>4000032916349</u> -06/15/0001088004 ****535.00 *****535.00	
STREET ADDRESS CITY+ST+ZIP			СПУ	-ST-ZIP		
DOCUMENT# NAME	WALSH, P. JAMES 260 W. PINELOCH ST. ORLANDO FL 32806-6133		. STRE	ET ADORESS .		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS	260 W. PINELOCH ST.			EET ADDRESS	<u> </u>	
CULA - 21 - SIA			CITY	- ST-ZIP		
DOCUMENT#				EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP		
Document# Name	* *		STRI	EET ADDRESS		
STREET ADDRESS CITY - ST - ZBP				- ST - ZIP	·	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						

Daytime Phone #