2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

SIGNATURE AND

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Apr 27, 2005 08:00 AM **DOCUMENT # A03145 Secretary of State** COMPTON PROPERTIES, LIMITED Mailing Address Principal Place of Business 102 W. PINELOCH ST., STE. 10 P.O. BOX 568367 ORLANDO, FL 32856-8367 ORLANDO, FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 01042005 CR2E003 (10/03) Chg-LP City & State City & State 4. FFI Number Applied For 59-1411005 Not Applicable Zip Country Z_{iD} Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARUSO, JAMES P. Street Address (P.O. Box Number is Not Acceptable) 102 W. PÍNELOCH ST., STE. 10 ORLANDO, FL 32806 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DAYE 10. Amount of Capital Contributions 9. Capital Contributions \$63,700.01 in FLORIDA to date. as Shown on record. 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 filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS CARUSO, PHILIP P., JR. NAME STREET ADDRESS 102 W. PINELOCH ST., STE, 10 CITY-ST-ZIP CITY ST-ZIP ORLANDO, FL 32806 DOCUMENT # STREET ADDRESS NAME CARUSO, J. PAUL STREET ADDRESS 102 W. PINELOCH ST., STE. 10 CITY-ST-ZIP 110000003333393 CITY-ST-ZIP ORLANDO, FL 32806 04/27/05-80001-016-526.25 DOCUMENT # STREET ADDRESS CARUSO, JAMES P NAME STREET ADDRESS 102 W. PINELOCH ST., STE. 10 CITY - ST - 71P CITY-ST-7IP ORLANDO, FL 32806 DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY -ST-ZIP DOCUMENT A STAPLE CHECK STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-ZIP CITY - ST- ZIP 14. I hereby certify that the information supplied with this filling 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

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