2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Mar 15, 2004 8:00 A.M. **BOCUMENT # A07798** Secretary of State HAMPTON COURT, LTD. Principal Place of Business Mailing Address **2120 DREW ST** 2120 DREW \$T CLEARWATER, FL 33765 CLEARWATER, FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-1930595 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FUNK, RICHARD B. Street Address (P.O. Box Number is Not Acceptable) 2120 DREW ST. CLEARWATER, FL 33765 City 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. Lam familiar with, and accept the obligations of registered agent. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$45,010.00 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. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 590286 DOCUMENT # STREET ADDRESS J.R.S. EQUITIES NAME STREET ADDRESS 2120 DREW ST CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL DOCUMENT # 600031671496 04/01/04--01014--011 **403. STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 1 STREET ADDRESS NAME , STREET ADDRESS CITY-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

SIGNATURE: