2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # B98000000066 FILED MILAN - TEMPLE TERRACE PROPERTIES, LTD. 2004 JAN 16 AM 10: 26 DIVISION OF CORPORATIONS Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 8035 EAST R.L. THORNTON FREEWAY, STE. 420 111 EAST 61ST STREET DALLAS, TX 75228 NEW YORK, NY 10021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 75-2530518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$990.00 7.7 Las Shown on record. in FLORIDA to date. 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 13. ADDRESS CHANGES ONLY DOCUMENT # F98000000415 STREET ADDRESS SOMMERSET REALTY INVESTMENT CORPORATION STREET ADDRESS 111 EAST 61ST STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10021 DOCUMENT # STREET ADDRESS NAME - 900027090139 01/16/04--01011--013 **14 STREET ADDRESS CITY-ST-ZIP **141.25 CITY-ST-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 NAME STREET ADDRESS CITY-ST-ZIP 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 explute this report as required by Chapter 620, Florida Statutes BRUCE Slovin SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone