
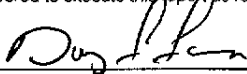


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

**FILED**  
**May 24, 2005 08:00 AM**  
**Secretary of State**

|   |                                |  |   |   |         |
|---|--------------------------------|--|---|---|---------|
| <b>DOCUMENT # B98000000154</b>  |                                |  |   |                                      |         |
| 1. Entity Name<br><b>LAMPE ENTERPRISES 1995 LIMITED PARTNERSHIP</b>   |                                |  |   |   |         |
| Principal Place of Business<br><b>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |                                |  | Mailing Address<br><b>P.O. BOX 608<br/>SMITHFIELD, NC 27577</b> |   |         |
| 2. Principal Place of Business  |                                |  | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.   |                                |  | Suite, Apt. #, etc.   |   |         |
| City & State  |                                |  | City & State  |   |         |
| Zip   |                                | Country  | Zip   |   | Country |
| 6. Name and Address of Current Registered Agent   |                                |  | 7. Name and Address of New Registered Agent                     |   |         |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |                                |  | Name  |   |         |
|   |                                |  | Street Address (P.O. Box Number is Not Acceptable)              |   |         |
|   |                                |  | City  |   |         |
|   |                                |  | FL 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |                                |  |   |   |         |
| 9. Capital Contributions as Shown on record. <b>\$240,000.00</b>  |                                | 10. Amount of Capital Contributions in FLORIDA to date |   | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. <b>\$ 526.25</b> |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                |  |   |   |         |
| 12. GENERAL PARTNER INFORMATION   |                                |  | 13. ADDRESS CHANGES ONLY  |   |         |
| DOCUMENT #  | <b>F98000001437</b>            |  | STREET ADDRESS  |   |         |
| NAME  | <b>GUY C. LEE MFG. COMPANY</b> |  | CITY - ST - ZIP   |   |         |
| STREET ADDRESS  | <b>235 EAST MARKET STREET</b>  |  |   |   |         |
| CITY - ST - ZIP   | <b>SMITHFIELD, NC 27577</b>    |  |   |   |         |
| DOCUMENT #  |                                |  | STREET ADDRESS  |   |         |
| NAME  |                                |  | CITY - ST - ZIP   |   |         |
| STREET ADDRESS  |                                |  |   |   |         |
| CITY - ST - ZIP   |                                |  |   |   |         |
| DOCUMENT #  |                                |  | STREET ADDRESS  |   |         |
| NAME  |                                |  | CITY - ST - ZIP   |   |         |
| STREET ADDRESS  |                                |  |   |   |         |
| CITY - ST - ZIP   |                                |  |   |   |         |
| DOCUMENT #  |                                |  | STREET ADDRESS  |   |         |
| NAME  |                                |  | CITY - ST - ZIP   |   |         |
| STREET ADDRESS  |                                |  |   |   |         |
| CITY - ST - ZIP   |                                |  |   |   |         |
| DOCUMENT #  |                                |  | STREET ADDRESS  |   |         |
| NAME  |                                |  | CITY - ST - ZIP   |   |         |
| 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:   |                                |  | Guy C. Lampe 5-1-05 919-934-3041                                |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                                |  | Date Daytime Phone #  |   |         |

STAPLE CHECK HERE

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