
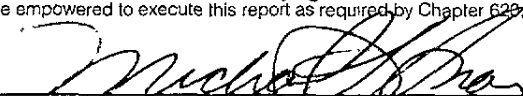


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
Mar 15, 2004 08:00 AM
Secretary of State**

DOCUMENT # B02000000090					
1. Entity Name GOBEN ENTERPRISES L.P.					
Principal Place of Business 4200 IDS CENTER, 80 SOUTH 8TH STREET MINNEAPOLIS MN 55402		Mailing Address 4200 IDS CENTER, 80 SOUTH 8TH STREET MINNEAPOLIS MN 55402			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 41-1959021	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BENSON, GARY O 450 18TH AVENUE SOUTH NAPLES FL 34102			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
7. Name and Address of New Registered Agent			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. 2,000,000		11. MAKE CHECK PAYABLE TO FL. 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 filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	BENSON, GARY O				
	450 18TH AVENUE SOUTH		CITY-ST-ZIP		
	NAPLES FL 34102				
DOCUMENT #	NAME		STREET ADDRESS		
	SNOW, MICHAEL L				
	3300 NORWEST CENTER, 90 SOUTH 7TH STREET		CITY-ST-ZIP		
	MINNEAPOLIS MN 55402				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY-ST-ZIP		
DOCUMENT #	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: 		Date: March 3 04		Daytime Phone #: 612-622-85	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



MOORE CR2E003 (11/03)

STAPLE CHECK HERE