

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

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A25562					
1. Entity Name OLD DOMINION LIMITED PARTNERSHIP I					
Principal Place of Business 4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203			Mailing Address 4040 FAIRFAX DRIVE SUITE 100 ARLINGTON VA 22203		
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 54-1434942				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCMULLIN, JAMES H 72 LA GORCE CIRCLE, LA GORCE ISLAND MIAMI BEACH FL 33141			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$894,158.00		10. Amount of Capital Contributions in FLORIDA to date \$894,158.00		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		
NAME	MCMULLIN, JAMES H.		CITY - ST - ZIP		
STREET ADDRESS	4040 FAIRFAX DR., #100				
CITY - ST - ZIP	ARLINGTON VA				
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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: _____			APRIL 15, 2004 703-524-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



MOORE CR2E003 (11/03)

STAPLE CHECK HERE