

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 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.

01052005 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
 54-1434942

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCMULLIN, JAMES H  
 72 LA GORCE ISLAND  
 MIAMI BEACH, FL 33141

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

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record. \$894,158.00

10. Amount of Capital Contributions in FLORIDA to date.

889,575.00

APRIL 22, 2005

**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  
 CITY-ST-ZIP

MCMULLIN, JAMES H.  
 4040 FAIRFAX DR., #100  
 ARLINGTON, VA

STREET ADDRESS  
 CITY-ST-ZIP

1100000365860

05/11/05-80019-016 535.00

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 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)(f), 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:

James H. McMullin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

703-524-7500

Daytime Phone #

STAPLE CHECK HERE