


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

<b>DOCUMENT # A29520</b>	
<b>1. Entity Name</b> CARGEX ORLANDO LIMITED PARTNERSHIP	

FILED  
SECRETARY OF STATE  
CORPORATIONS

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<b>Principal Place of Business</b> TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101	<b>Mailing Address</b> TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b> 38 Perimeter Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Londonderry, NH
Zip	Country USA

02062004 Chg-LP CR2E003 (10/03)

<b>6. Name and Address of Current Registered Agent</b>  THE-PRENTICE-HALL-CORPORATION-SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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<b>4. FEI Number</b> 04-3074118	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**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 \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b> \$500,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	
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**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	
<b>DOCUMENT #</b>	P27770	<b>STREET ADDRESS</b>	
<b>NAME</b>	CARGEX ORLANDO PROPERTIES, INC.	<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	TWO MONUMENT SQUARE, SUITE 910		
<b>CITY - ST - ZIP</b>	PORTLAND, ME 04101		
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>			
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<b>STREET ADDRESS</b>			
<b>CITY - ST - ZIP</b>			

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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** \_\_\_\_\_

Allen M. Bornheimer

2/24/04

603-644-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #