

1334

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 9:43

DOCUMENT # A29520

1. Entity Name
CARGEX ORLANDO LIMITED PARTNERSHIP



Principal Place of Business
TWO MONUMENT SQUARE, SUITE 910
PORTLAND, ME 04101

Mailing Address
TWO MONUMENT SQUARE, SUITE 910
PORTLAND, ME 04101

2. Principal Place of Business

3. Mailing Address
38 Perimeter Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062005 Chg-LP CR2E003 (10/03)

City & State

City & State
Londonderry, NH

4. FEI Number
04-3074118

Applied For
Not Applicable

Zip

Country

Zip

Country

03053

USA

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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: \$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # P27770
NAME CARGEX ORLANDO PROPERTIES, INC.
STREET ADDRESS TWO MONUMENT SQUARE, SUITE 910
CITY-ST-ZIP PORTLAND, ME 04101

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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02/14/05--01014--011 **526.25

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

1/24/05 603-644-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE