

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018686 MB

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| DOCUMENT # A29520 |  |
| 1. Entity Name CARGEX ORLANDO LIMITED PARTNERSHIP | |

FILED
03 APR 22 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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|---|---|
| Principal Place of Business TWO MONUMENT SQUARE, SUITE 910 PORTLAND ME 04101 | Mailing Address TWO MONUMENT SQUARE, SUITE 910 PORTLAND ME 04101 |
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|---------------------------------------|---------|---------------------------|---------|--|---------------------------------------|
| 2. Principal Place of Business | | 3. Mailing Address | | DUE BY MAY 1, 2003 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 04-3074118 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

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| 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. |
| 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 CITY-ST-ZIP | P27770 CARGEX ORLANDO PROPERTIES, INC. TWO MONUMENT SQUARE, SUITE 910 PORTLAND ME 04101 | STREET ADDRESS | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 400016686864 04/22/03--01081--014 **526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | CITY-ST-ZIP | |
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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: SIGNATURE REQUIRED Richard M. Roderick 4/17/03 207-773-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # 5808

STAPLE CHECK HERE

CR2E003 (10/02)