

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000751 1. Entity Name CAE GORDON LIMITED PARTNERSHIP					
Principal Place of Business 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854			Mailing Address 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07062004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0658302	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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	
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. \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,500,000		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
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 #	P96000028574		STREET ADDRESS		
NAME	CAE GORDON, INC.		CITY - ST - ZIP		
STREET ADDRESS	11607 SPRINGRIDGE ROAD		CITY - ST - ZIP		
CITY - ST - ZIP	POTOMAC, MD 20854		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
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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)(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: <i>Michael Gordon</i> CAE Gordon, General Partner			8/21/04 306 921-6661 Date Daytime Phone #		

STAPLE CHECK HERE