

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

*CAE Gordon LP*  
**FILED**  
**Jun 07, 2006 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**



03082006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0658302**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT #	P96000028574
NAME	CAE GORDON, INC.
STREET ADDRESS	11607 SPRINGRIDGE ROAD
CITY-ST-ZIP	POTOMAC, MD 20854

DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	

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06/07/06-80003-020 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE