

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 APR -9 AM 10: 54

1. Name of Limited Partnership	1a. DOCUMENT # A96000000752
CAM GORDON LIMITED PARTNERSHIP	



Mailing Address 11607 SPRINGRIDGE ROAD POTOMAC MD 20854	Principal Office Address 11607 SPRINGRIDGE ROAD POTOMAC MD 20854	3. Date Formed or Registered 04/19/1996	5a. Capital Contributions as Shown on record. \$1,500,000.00
		3a. Date of Last Report 01/27/1997	5b. Amount of Capital Contributions in FLORIDA to date.
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0658262	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligation of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE **4-8-98**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) CAM GORDON, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 192 SEVILLE H	11b. City, State & Zip Code DELRAY BEACH FL 33446	11c. Registration/Document Number P96000028583
200002485502--3 -04/10/98--01110--009 ****526.25 ****526.25 <i>Dec</i>			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-7-98**
Typed or Printed Name of General Partner Signing Form **301-981-6661**

CP2E003 (12/97)