

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 SEP -8 P 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA9600000752

1. Name of Limited Partnership
CAM Gordon Limited Partnership

2. Principal Office Address <u>11607 Sprigridge Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>11607 Sprigridge Rd</u> Suite, Apt. #, etc.	
City & State <u>Potomac MD</u>		City & State <u>Potomac MD</u>	
Zip <u>20854</u>	Country <u>USA</u>	Zip <u>20854</u>	Country <u>USA</u>

4. Date Formed or Registered To Do Business in Florida 4/19/96

5. FEI Number 15-0658262
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:
1,500,000.00

7b. Amount of Capital Contributions in FLORIDA to date:
1,500,000.00

8. Name and Address of Current Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) 1201 Hay Street
Suite, Apt. #, Etc.
City Tallahassee State FL Zip Code 32301

FEES:
1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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 obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<u>CAM Gordon Inc.</u>	<u>11607 Sprigridge Rd.</u>	<u>Potomac, MD 20854</u>	<u>PA96000028583</u>
<p>800041325618 09/24/04--01068--002 **2105.00</p> <p>REINSTATEMENT</p> <p><u>no penalty fee due</u></p>			<u>01-04</u>

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 9/7/04
Typed or Printed Name of General Partner Signing Form CAM Gordon, Inc. by Michael Gordon Telephone Number 301-921-1606

CR2E039 (10/02)

CAM Gordon Limited Partnership
11607 Springridge Road
Potomac, MD 20854

September 7, 2004

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Document Number A96000000752

To Whom It May Concern:

Enclosed please find the completed Limited Liability Company Reinstatement form for CAM Gordon Limited Partnership.

CAM Gordon Limited Partnership has not received the Annual Report filing notice for 2001 – 2004. Please update your records so that we may receive the Annual Report filing notices.

Enclosed please find a check in the amount of \$2,105.00, which is to be applied to the Annual Report's filing fee's to be filed on record, which include: FY 2001, 2002, 2003 & 2004. Since we did not receive notices for 2001 – 2004, it is our understanding that no penalty is due.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Gordon", written over a horizontal line.

Michael Gordon