2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

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DOCUMENT # A9600000752 1. Entity Name CAM GORDON LIMITED PARTNERSHIP			05	5 SEP -8	^{CORPORATIONS} AM 10: 05	
Principal Place of Business Mailing Address 11607 SPRINGRIDGE ROAD 11607 SPRINGRIDGE ROA POTOMAC, MD 20854 POTOMAC, MD 20854		DAD				
Principal Place of Business 3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		08102005	Chg-LP	CR2E003 (10/03)	
City & State	City & State		4. FEI Number Applied For 65-0658262 Not Applicable			
Zip Country	Zip	Country	5. Certificate of St		\$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New R	legistered Agent	
BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD., SUITE 101 TALLAHASSEE, FL 32301		Name				
		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
11.25.11.10022,12.000						
		City	FL Zip Code			
The above named entity submits this statement fo the obligations of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Flo	orida. I am familiar with, and accept	
SIGNATURE						
Signature, typed or printed name of registered agent		l Contributions		In accordan	DATE Ince with s. 607.193(2)(b), F.S.,	
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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:

Michael Gordon

Date

Date

Dayline Phone #