


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

CAM Gordon LP
FILED
Jun 07 2006 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A9600000752 |  |
| 1. Entity Name CAM GORDON LIMITED PARTNERSHIP | |

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|--|--|
| Principal Place of Business 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 | Mailing Address 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 |
|--|--|

DO NOT WRITE IN THIS SPACE



03082006 No Chg-LP CR2E003 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0658262 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
 1203 GOVERNORS SQUARE BLVD., SUITE 101
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

*** 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 # NAME STREET ADDRESS CITY - ST - ZIP | P96000028583 CAM GORDON, INC. 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 |
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06/07/06-80003-019 500.00

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STAPLE CHECK HERE

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]* Date: 6/1/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER