## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

FILED Apr 29, 2008 08:00 AM Secretary of State

DOCUMENT	"# A9600	0000753
----------	----------	---------

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

**GORDON & ASSOCIATES LIMITED PARTNERSHIP** 



Principal Place of Business

11607 SPRINGRIDGE ROAD POTOMAC, MD 20854 Mailing Address

11607 SPRINGRIDGE ROAD POTOMAC, MD 20854



04032008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0658305 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

		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its re- ions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	Signature, typed or printed name of registered agent and little if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.0	00
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	11000000000000000000000000000000000000
DOCUMENT #	P96000028578	, N00000933273 05/22/08-80089-018 500,00
NAME	GORDON & ASSOCIATES, INC.	03/22/06-90083-018 200.80
STREET ADDRESS	11607 SPRINGRIDGE ROAD	
CITY-ST-ZIP	POTOMAC, MD 20854	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST ZIP		
DOCUMENT #		
NAME		DO NOT WOITE
STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME STREET ADDRESS		
CITY-S1-ZIP		
	***************************************	
DOCUMENT ≠ NAME		
STREET ADDRESS		
CITY- ST-ZIP		
DOCUMENT #		
STREET ADDRESS		
CITY-ST-ZIP		
	W. disable Colonia and P. L. St. and P. W.	
indicated or the rec	perity that the information supplied with this filling does not qualify for on this report is true and accurate and that my signature shall have the eiver or trustee empowered to execute this report as required by Chapi	the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am a General Partner of the limited partnership ter 620, Florida Statutes