2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Feb 09, 2005 08:00 AM Secretary of State

Type Country Zip Country S. Certificate Status Desired D SALES Additional Face Proceedings of Country S. Certificate Status Desired D SALES Additional Face Procedure of Sales and Address of Current Registered Agent Name Name	DOCU 1. Entity Nam CAR CMX		00257			S	ecretary of Sta
MCLEAN, VA. 22102 MCLEAN, VA. 2	Principal Plac	e of Business	Mailing Address				,
Sulte, April M. etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country Since Address of Current Registered Agent To Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code 8. The above named only againsts into steement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. Turn familiar with, and a checkplation of registered agent. Since Address (P.O. Box Number is Not Acceptable) FL Zip Code 8. The above named only againsts into steement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. Turn familiar with, and a checkplation of registered agent. Since Address (P.O. Box Number is Not Acceptable) Since Address (P.O. Box Number is Not Acceptable) The above named only againsts into steement for the purpose of changing his registered office or registered agent, or both, in the State of Florida. Turn familiar with, and a checkplation of registered agent. Since Address (P.O. Box Number is Not Acceptable) The above named only againsts in the state of t			8270 GREENSBOR MCLEAN, VA 2210	RO DR., SUIT 02	E 950		
CORPORATION SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 S. Carbitation of Regulations diagnose of changing instructions 1. Name 1. Na	2. Principal P	face of Business_	3. Mailing Address		**		
Security Zo	Suite, Apt. #, etc. Suite, Apt. *, etc.					01072005 Chg-LP	CR2E003 (10/03)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. The above named only allamids this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am Itamiliar with, and are the obligations of registered agent, or both, in the State of Florida. I am Itamiliar with, and are the obligations of registered agent. 8. Capital Contributions 9. A GEHERAL 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 filled to change a general partner. 8. SEELEN APPRIESS CHANGES 8. SEELE ADDRESS 6. CAPITAL ADDRESS	City & Stat	e	City & State	City & State		1	Applied For Not Applicable
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named ontity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and are the obligations of registered agent, in the State of Florida. I am familiar with, and are stated agent agent and are the state of Floridar. A GENERAL PARTINER THAT IS A BUSINESS Entitle Plant Partiner of The International Partiner of The I	Zip		<u> </u>	Cour	ntry		Fee Required
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code The above named entity supmits 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 an the obligations of registered agent, and the control of registered agent, or both, in the State of Florida. I am familiar with, and an interest prince agent		6. Name and Address of Cum	ent Registered Agent		Name	7. Name and Address of New F	Registered Agent
TALLAHASSEE, FL 32301-2525 City FL Zip Code 8. The above named onthy submits this statement for the purpose of charging its registered agent, or both, in the State of Florida. I am familiar with, and at the obligations of registered agent. 8. Check Control of Provided Institutions and injuries a got set set settles. 9. Capital Contributions 9. Capital Contributions 9. Capital Contributions 9. The Control of Capital Contributions 9. The Control of Capital Contributions 9. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY COMMOT! WILL STATE ADDRESS CHANGES ONLY STREET ADDRESS CONTY-51-2P COMMOT! WILL STATE ADDRESS CONTY-51-2P COMMON INC. SIREET ADDRESS CONTY-51-2P COM	CORPORATION SERVICE COMPANY						
8. The above named onthy 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 an the obligations of registered agent. SIGNATURE	1201 HAYS STREET				Street Address	(P.O. Box Number is Not Acceptable	9)
8. The above named only submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the deligations of registered agent. SIGNATURE By patrix your or princip name of ingitive of gave well agent well well-table Q. Capital Contributions as Shown on coord. \$10,710,600.00 10, Anount of Capital Contributions as Shown on coord. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY COMMENT FO1000003895 CRY ST-29 MOLEAN, VA 22102 CITY-ST-29 CITY-S					City		Zip Code
SIGNATURE Signature type of printed aums of regions of agent and 50 to 1 strength and 50 to			nt for the purpose of changin	ng its register	red office or registe	red agent, or both, in the State of Fli	orida. I am familiar with, and accept
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 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 filled to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOUBLINGT: NAME STREET ADDRESS CAR MOM INC. STREET ADDRESS COTY-ST-2P DOUBLINGT: WALE STREET ADDRESS CITY-ST-2P DOUBLINGT: WALE STREE			Essay St Factor		- ··		2.47
A GENERAL PARTINER 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DIRECT ADDRESS CAR MOM INC. STREET ADDRESS CITY-ST-2P MCLEAN, VA 22102 STREET ADDRESS CITY-ST-2P COUMANT / MAKE TREET ADDRESS CITY-ST-2P CITY-ST		atributions	10 Amount of C	Panital Contri	butions		DAIE
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 2. GENERAL PARTNER INFORMATION 1. ADDRESS CHANGES ONLY 1000MON1 CAR MOM INC. STREET ADDRESS CITY-ST-2P		on record. \$10,710,600.00	in FLORIDA	to date			10.0=100
COCUMENT FO1000003895 WANE WANE CAR MOM INC. SITEST ADDRESS 2770 GREENSBORD DR., SUITE 950 CITY-ST-ZIP COCUMENT WANE SITEST ADDRESS CITY-ST-ZIP CI		NOTE: General Partners	MAY NOT be changed of	on the forn	n; an amendmei	it must be filed to change a g	eneral partner.
AND CAR MOM INC. 270 GREENSBORD DR., SUITE 950 MCLEAN, VA 22102 CITY-ST-ZIP MALE			NER INFORMATION	13.		ADDRESS CH.	ANGES ONLY
STREET ADDRESS STREET ADDRESS CITY-ST-ZIP					EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP CIT	STREET ADDRESS	8 8270 GREENSBORO DR., SUITE 950			(+ST-ζ)P		
STREET ADDRESS TITY-ST-ZIP TOCUMENT # ANALE TRIEST ADDRESS TITY-ST-ZIP TOCUMENT # ANALE TRIEST ADDRESS TITY-ST-ZIP TOCUMENT # TRIEST ADDRESS TOCUMENT # TRIEST				STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZP DOCUMENT NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP DOCUMENT NAME STREET ADDRESS CITY-ST-ZP DOCUMENT NAME STREET ADDRESS CITY-ST-ZP DOCUMENT NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP CITY-ST-ZP 1. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informat indicated on this report is true and accurate and that my signature shall have to cather the receiver or trustee empowered to execute this report as required by Chapter 632-Fords Statutes ACCURATELY CAR MANE TYPE CITY-ST-ZP 1. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the informat indicated on this report is true and accurate and that my signature shall have to cather the continuous continuous continuous cather and the continuous cather and that my signature shall have to cather than a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 632-Ford Statutes ACCURATELY CAR MANE TYPE CITY-ST-ZIP CIT				CITY	V-ST-ZIP	02/09/0:	#772173 5-80062-019 526.25
CITY-ST-ZIP COUMENT ANAGE CITY-ST-ZIP COUMENT		-		STA	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP COCUMENT / INME STREET ADDRESS CITY-ST-ZIP COCUMENT / INME STREET ADDRESS CITY-ST-ZIP COCUMENT / INME / INME / INME / COCUMENT / INME / I				cm	Y- ST- ZIP		
CITY-ST-ZIP COCUMENT INAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information inclinated on this report is true and accurate and that my signature shall have the title florida Statutes. The information inclinated on this report is true and accurate and that my signature shall have the title floridation under oath; that I am a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes CAR MAN TIME COUNTY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZI	IAME		· -	STA	EET AODRESS		
STREET ADDRESS CITY-ST-ZIP COUMENT : INME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informat inclicated on this report is true and accurate and that my signature shall have the TIPE FIND florida Statutes. I further certify that the informat inclicated on this report is true and accurate and that my signature shall have the TIPE FIND florida Statutes. I further certify that the informat inclicated on this report is true and accurate and that my signature shall have the TIPE FIND florida Statutes. CAR MAN TIPE COUNTY-ST-ZIP CITY-ST-ZIP CITY-				CITY	/-ST-ZIP		
CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the informat inclicated on this report is true and accurate and that my signature shall have the the florida Statutes are general Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes ACCURATION CAR MAN TIME COMPANY STREET ADDRESS CITY-ST-ZIP C	IAME			STR	ELT ADDRESS	·	
INNET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Horida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have to attree PINS lect Portion under oath; that I am a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes CAR MON TIVE			·	спу	/- ST-ZIP		
114. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have to the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. CAR MON TIVE CONTROL CAR MON TIVE CAR MON TIVE CONTROL CAR MON TIVE CONTROL CAR MON TIVE CONTROL CAR MON TIVE CONTROL CONT	IAME 1		••	STRI	EET ADDRESS		
14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have beatings flest feetings under eath; that I am a General Partner of the limited partners the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. Query Company	CITY-ST-ZIP			1	1		
MAN COTTO IN COTTO A A A	.4. I hereby of indicated the receiv	certify that the information supplied on this report is true and accurate error trustee empowered to execute	with this filling does not qualified that my signature shall he this report as required by C	ty for the exe have beatth Chapter 620	emotion stated in Se PROPERTY Florida Statutes PCT CT	ection 119.07(3)(i), Horida Statutes. top under oath; that I am a Genera 2/V	I further certify that the information of the limited partnership of the limited partnership of 7 03)
SIGNATURE: 154: Little 2-1-05 288-3075		' U A ' . //	the LAST			2-/-05	288-3075