


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # B02000000090	
1. Entity Name GOBEN ENTERPRISES L.P.	

Principal Place of Business 4200 IDS CENTER, 80 SOUTH 8TH STREET MINNEAPOLIS MN 55402	Mailing Address 4200 IDS CENTER, 80 SOUTH 8TH STREET MINNEAPOLIS MN 55402
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



MOORE CR2E003 (11/03)

4. FEI Number 41-1959021	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
BENSON, GARY O 450 18TH AVENUE SOUTH NAPLES FL 34102	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

9. Capital Contributions as Shown on record. \$2,000,000.00	10. Amount of Capital Contributions in FLORIDA to date. 2,000,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	BENSON, GARY O		
STREET ADDRESS	450 18TH AVENUE SOUTH	CITY-ST-ZIP	
	NAPLES FL 34102		
DOCUMENT #	NAME	STREET ADDRESS	
	SNOW, MICHAEL L		
STREET ADDRESS	3300 NORWEST CENTER, 90 SOUTH 7TH STREET	CITY-ST-ZIP	
	MINNEAPOLIS MN 55402		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

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03/24/04-80045-013 526.25

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

STAPLE CHECK HERE

SIGNATURE: *Michael L Snow* **March 3 04** **612-672-85**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #