

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 FEB 24 AM 10:05

<b>DOCUMENT # B05000000073</b> 1. Entity Name <b>CAMBRIDGE ASSET ADVISORS LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>560 HERNDON PARKWAY, SUITE 210                  HERNDON, VA 20170</b>			Mailing Address <b>560 HERNDON PARKWAY, SUITE 210                  HERNDON, VA 20170</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02072006    Chg-LP    CR2E003 (11/05)	
Zip    Country		Zip    Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY                  1201 HAYS STREET                  TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT # F050000000973 NAME CAMBRIDGE PROPERTY ADVISORS, INC. STREET ADDRESS 560 HERNDON PARKWAY, SUITE 210 CITY-ST-ZIP HERNDON, VA 20170				STREET ADDRESS CITY-ST-ZIP	
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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.					
CAMBRIDGE PROPERTY ADVISORS, INC., GENERAL PARTNER <b>SIGNATURE: _____</b> Date <b>2/22/06</b> Daytime Phone # <b>703-709-8866</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE