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

DOCUMENT # B05000000073

1. Entity Name

CAMBRIDGE ASSET ADVISORS LIMITED PARTNERSHIP

FILED Feb 25, 2008 08:00 AN Secretary of State

Principal Place of Business

560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170

Mailing Address

560 HERNDON PARKWAY, SUITE 210 HERNDON, VA 20170



DO NOT WRITE IN THIS SPACE

01242008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 62-1452381 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of changing its registered office or registered agent the obligations of registered agent.</li></ol>	nt, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	U00000839246 . 03/05/08-80062-019 500.00~

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 #	F05000000973	
NAME	CAMBRIDGE PROPERTY ADVISORS, INC.	
STREET ADDRESS	560 HERNDON PARKWAY, SUITE 210	
CITY-ST-ZIP	HERNDON, VA 20170	
DOCUMENT #		
NAME .		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
DOCUMENT /		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## DO NOT WRITE IN THIS SPACE

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:

MANNE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Aj G

21 08 703 709 - 886

Daytime Phone #