

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
Due By May 1, 2004

**DOCUMENT # B95000000468**

1. Entity Name  
**CARGEX ORLANDO II LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

Principal Place of Business  
**TWO MONUMENT SQUARE, SUITE 910  
PORTLAND, ME 04101**

Mailing Address  
**TWO MONUMENT SQUARE, SUITE 910  
PORTLAND, ME 04101**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**38 Perimeter Road**

02062004 Chg-LP CR2E003 (10/03)

City & State  
**Londonderry, NH**

4. FEI Number  
**01-0503243**

Applied For  
☐ Not Applicable

Zip  
**03053**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

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

9. Capital Contributions as Shown on record. **\$200.00**

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 filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F95000006224	STREET ADDRESS	
NAME	CARGEX ORLANDO II PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	TWO MONUMENT SQUARE, SUITE 910		
CITY-ST-ZIP	PORTLAND, ME 04101		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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

**SIGNATURE:** **Allen M. Bornheimer** **2/24/04** **603-644-5855**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE