


1120

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:44

<b>DOCUMENT # B9500000468</b>		
1. Entity Name CARGEX ORLANDO II LIMITED PARTNERSHIP		

Principal Place of Business TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101	Mailing Address TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101
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2. Principal Place of Business	3. Mailing Address 38 Perimeter Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State Londonderry, NH	4. FEI Number 01-0503243	Applied For Not Applicable
Zip 03053	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



01062005 Chg-LP CR2E003 (10/03)

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.
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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 CITY-ST-ZIP	F9500006224 CARGEX ORLANDO II PROPERTIES, INC. TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101	STREET ADDRESS	
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STAPLE CHECK HERE

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 01/24/05 603-644-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #