
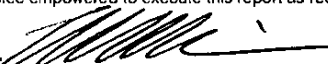


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

1120

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

DOCUMENT # B95000000468			
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	
2. Principal Place of Business		3. Mailing Address 38 Perimeter Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Londonderry, NH	
Zip	Country	Zip 03053	Country USA
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
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 # NAME STREET ADDRESS CITY-ST-ZIP	F95000006224 CARGEX ORLANDO II PROPERTIES, INC. TWO MONUMENT SQUARE, SUITE 910 PORTLAND, ME 04101	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 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 #	

STAPLE CHECK HERE