

**2006 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2006****FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State****DOCUMENT # B95000000468****1. Entity Name**  
**CARGEX ORLANDO II LIMITED PARTNERSHIP****Principal Place of Business**  
**TWO MONUMENT SQUARE, SUITE 910**  
**PORTLAND, ME 04101****Mailing Address**  
**38 PERIMETER ROAD**  
**LONDONDERRY, NH 03053**

03312006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE****4. FEI Number**  
**01-0503243****Applied For**  
**Not Applicable****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****DO NOT WRITE**  
**IN THIS SPACE****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**

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

**DATE****FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00****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 #** F95000006224  
**NAME** CARGEX ORLANDO II PROPERTIES, INC.  
**STREET ADDRESS** TWO MONUMENT SQUARE, SUITE 910  
**CITY-ST-ZIP** PORTLAND, ME 04101**DOCUMENT #**  
**NAME**  
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**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**000000496749  
04/22/06-80023-019 500.00**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**

Allen M. Bornheimer

4/3/06 603-644-5855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

O daytime Phone #

STAPLE CHECK HERE