

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 DEC 29 PM 12:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**

1a. DOCUMENT #  
**A96000000751**



**CAE GORDON LIMITED PARTNERSHIP**

1. Name of Limited Partnership		2. Mailing Address		2a. Principal Office Address	
CAE GORDON LIMITED PARTNERSHIP		11607 SPRINGRIDGE ROAD POTOMAC MD 20854		11607 SPRINGRIDGE ROAD POTOMAC MD 20854	
Sulte, Apt. #, etc.		City & State		City & State	
Zip		Country		Zip	
				Country	

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
04/19/1996	\$1,500,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
02/03/1997	
4. State or Country of Formation	6. FEI Number
FL	65-0658302
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CAE GORDON, INC.	% 192 SEVILLE H	DELRAY BEACH FL 33446	P96000028574

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-01/13/98--01104--003  
\*\*\*\*541.25 \*\*\*\*541.25

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Michael Gordon, President*  
Typed or Printed Name of General Partner Signing Form: **Michael Gordon**  
DATE: **12/24/97**  
Daytime Telephone Number: **301 921-6661**

CR2E003 (6/97)