

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Sep 17, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A96000000751</b>	
1. Entity Name <b>CAE GORDON LIMITED PARTNERSHIP</b>	



Principal Place of Business 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854	Mailing Address 11607 SPRINGRIDGE ROAD POTOMAC, MD 20854
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0658302	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name
Street Address (P.O. Box Number Is Not Acceptable)
City
State <b>FL</b>
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. <b>\$1,500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>1,500,000</b>	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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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 #	P96000028574	STREET ADDRESS	
NAME	CAE GORDON, INC.	CITY-ST-ZIP	
STREET ADDRESS	11607 SPRINGRIDGE ROAD		
CITY-ST-ZIP	POTOMAC, MD 20854		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Michael Gordon, General Partner Date: 8/21/04 Daytime Phone #: 301 921-6661  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER