


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 APR 29 AM 10:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A00000001888  
 1. Entity Name  
 PORT ORANGE STORAGE, LTD.



Principal Place of Business  
 5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

Mailing Address  
 5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

2. Principal Place of Business  
 5111 S. RIDGEWOOD AVE  
 Suite, Apt. #, etc.  
 SUITE 300

3. Mailing Address  
 P.O. BOX 238071  
 Suite, Apt. #, etc.

City & State  
 PORT ORANGE, FL

City & State  
 PORT ORANGE, FL

Zip  
 32127

Country  
 USA

Zip  
 32127

Country  
 USA



03042004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 59-3692583

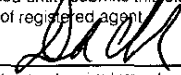
Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CLARK, D. ANDREW  
 5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent  
 Name  
 D. Andrew Clark  
 Street Address (P.O. Box Number is Not Acceptable)  
 5111 S. RIDGEWOOD AVE  
 SUITE 300  
 City  
 PORT ORANGE FL Zip Code  
 32127

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  D. Andrew Clark, Pres. 03.08.04  
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. \$9,800.00

10. Amount of Capital Contributions in FLORIDA to date. MAR 22 2004

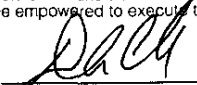
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	M98199
NAME	CLARK PROPERTIES CORPORATION
STREET ADDRESS	5652 ISABELLE AVENUE
CITY - ST - ZIP	PORT ORANGE, FL 32127
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	5111 S. Ridgewood Ave, suite 300
CITY - ST - ZIP	Port Orange, FL 32127
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	700035836337
CITY - ST - ZIP	05/10/04--01119--004 **157.35
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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:  D. Andrew Clark, Pres. 03.08.04 386.763.2280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #