


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 2005 APR 25 PM 12: 23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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



Principal Place of Business  
 5111 RIDGEWOOD AVE., SUITE 300  
 PORT ORANGE, FL 32127

Mailing Address  
 P.O. BOX 238071  
 PORT ORANGE, FL 32127

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



01042005 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, ANDREW D  
 5111 RIDGEWOOD AVE., SUITE 300  
 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

I, 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]* D. Andrew Clark, Partner DATE: 1-17-05

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

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

10. Amount of Capital Contributions in FLORIDA to date. *None*

**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 #	M98199	STREET ADDRESS	
NAME	CLARK PROPERTIES CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	5111 RIDGEWOOD AVE., SUITE 300		
CITY-ST-ZIP	PORT ORANGE, FL 32127		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	900054351299
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STREET ADDRESS			
CITY-ST-ZIP			

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: *[Signature]* D. Andrew Clark, Pres. DATE: 1-17-05 DAYTIME PHONE #: 386-763-2280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE