


**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Apr 27, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # A0000001888</b>		
1. Entity Name PORT ORANGE STORAGE, LTD.		

Principal Place of Business 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127	Mailing Address 5111 RIDGEWOOD AVENUE PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LP	CR2E003 (11/05)
4. FEI Number 59-3692583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  CLARK, ANDREW D 5111 RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127
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**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 _____ DATE <u>11/01/05</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>

**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 #	L05000048527
NAME	POS MANAGEMENT, LLC
STREET ADDRESS	5111 RIDGEWOOD AVE.
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	

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>
Date _____ Daytime Phone # _____