

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008



FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A00000001888 1. Entity Name PORT ORANGE STORAGE, LTD.	
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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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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 5111 South Ridgewood Avenue Suite, Apt. #, etc. Suite 300
City & State	City & State Port Orange, Florida
Zip Country	Zip Country 32127 USA

(A00000001888L)

01112008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3692583	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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	Applied For
Street Address (P.O. Box Number is Not Acceptable)	Not Applicable
City	FL 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 *[Signature]* DATE _____

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900121247089
CITY-ST-ZIP	03/26/08--01002--011 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

SAMPLE 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: *[Signature]*