1. Entity Name PORT ORANGE STORAGE, LTD.



FILED

03 APR 25 PH 4: 40

							OJ RI II EJ		
Principal Place of Business 5652 ISABELLE AVENUE PORT ORANGE FL 32127			Mailing Address 5652 ISABELLE AVENUE PORT ORANGE FL 32127			1	SECRETARY OF STATE TALLAHASSEE FLORIDA	7	
2. Principal Place of Business			3. Mailing Address			Į	425		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003	٦	
City & State			City & State			†	4. FEI Number 59-3692583 Applied For Not Applied For	<u></u>	
Zip	Country Zip C			Cour	ntry	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
CLARK, D. ANDREW					Name				
5652 ISABELLE AVENUE JAN 1 4 2003 PORT ORANGE FL 32127					Street Address (	(P.C	O. Box Number is Not Acceptable)	1	
					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, typed or printed name of registered agent and title if applicable.  DATE									
9. Capital Contributions as Shown on record. \$9,800.00 to. Amount of Capital in FLORIDA to date					butions		11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
							RED AND ACTIVE WITH THIS OFFICE. must be filed to change a general partner.		
12.		GENERAL PARTNER		13,	<u> </u>		ADDRESS CHANGES ONLY	-	
DOCUMENT #	M98199 CLARK PROPERTIES CORPORATION							Ĩ 8	
NAME STREET ADDRESS					-ST-ZIP				
CITY-ST-ZIP	PORT OR	ANGE FL 32127						1	
NAME	1			STRE	EET ADDRESS		100017105151	15	
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NAME	•			STRE	EET ADDRESS		04/25/0301068006_ **157.35		
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DOCUMENT # NAME			•	STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP				
indicated	on this repor	t is true and accurate and	this filing does not qualify fo that my signature shall have s report as required by Chap	the same	e legal effect as if m	ectionad	ion 119.07(3)(i), Florida Statutes. I further certify that the information de under oath; that I am a General Partner of the limited partnership or		

**SIGNATURE:** 

38-767-0350