FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



CLARK PROPERTIES OF VOLUSIA COUNTY, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A93000000878

FILED 98 OCT -2 AVH: 53 SCOREGIAN CON MAR TALLAHASSER, FR**G**RADA

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Malling Address 5652 ISABELLE AVENUE PORT ORANGE FL 32127	Principal Office Address 5652 ISABELLE AVENUE PORT ORANGE FL 32127	5652 ISABELLE AVENUE 99-AP		5a. Capital Contributions as Shown on record. \$7,425.00 5b. Amount of Capital Contributions in FLORIDA to date: 141.25		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Sulte, Apt. #, etc.	Sulte, Ap1. #, etc.			Applied For Not Applicable		
City & State	City & State		59-3216297 7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Country		Fee Required		
			8. Make check payable to: Dept. of 8	itale (See reve	orse side for fee information)	
Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
		Name				
CLARK, D. ANDREW		Street Address (P.O. Box Number is Not Acceptable)				
5652 ISABELLE AVENUE		C. M. A. C. H. al.				
PORT ORANGE FL 32127		Sulte, Apt. #, etc.				
		City		FL	Zip Code	
for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoint		a. Such change	was authorized by its general partner(s). I hereby	y accept the ep	pointment of registered	
A GENERAL PARTNER	THAT IS A CORPORATION, L MUST BE REGISTERED AND	O ACTIVI	PARTNERSHIP OR OTHE E WITH THIS OFFICE.	K BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box		11b. City, State & Zip Code	11c.	Registration/ Document Number	
Daytona Se lf Storage, Inc.	5652 ISABELLE AVENUE		PORT ORANGE FL 32127	M98199		
			200002e	\$59 6 98-01	122 <u>-0</u> 5	
			**************************************	1,25	####141 . 25	
<u> </u>						
Note: General partners MA	Y NOT be changed on this form	; an ame	ndment must be filed to cha	inge a 🛭	eneral partner.	
	nlied with this filing is voluntarily furnished and does not o					

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this poport as required by chapter 620, Florida Statutes.

SIGNATURE

D. Andrew