

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A93000000878**

1. Entity Name  
**CLARK PROPERTIES OF VOLUSIA COUNTY, LTD.**



Principal Place of Business

5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

Mailing Address

5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

2. Principal Place of Business

5111 RIDGEWOOD AVE.

3. Mailing Address

P.O. BOX 238071

Suite, Apt. #, etc.

SUITE 300

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

Zip

32123-8071

Country

USA

03042004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3216297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CLARK, D. ANDREW  
 5652 ISABELLE AVENUE  
 PORT ORANGE, FL 32127

7. Name and Address of New Registered Agent

Name **D. ANDREW CLARK**  
 Street Address (P.O. Box Number is Not Acceptable)  
 5111 RIDGEWOOD AVE.  
 SUITE 300  
 City **PORT ORANGE** **FL** Zip Code **32127**

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]*

**D. ANDREW CLARK**

**3-8-04**

DATE

9. Capital Contributions  
 as Shown on record.

\$7,425.00

10. Amount of Capital Contributions  
 in FLORIDA to date.

**MAR 22 2004**

**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 # **M98199**  
 NAME **CLARK PROPERTIES CORPORATION**  
 STREET ADDRESS **5652 ISABELLE AVENUE**  
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

DOCUMENT #  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5111 RIDGEWOOD AVE., SUITE 300**  
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

STREET ADDRESS **400035842384**  
 CITY-ST-ZIP **05/10/04--01127--004 \*\*141.25**

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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**

**3-8-04**

**386-763-2280**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

**FILED**

**04 APR 29 AM 10:03**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**

