


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
May 07, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A98000001602</b> 1. Entity Name WESTPORT STORAGE, LTD.	
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Principal Place of Business 5111 S. RIDGEWOOD AVE., SUITE 300 PORT ORANGE, FL 32127	Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32127
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**DO NOT WRITE IN THIS SPACE**



01222007 No Chg-LP CR2E003 (12/06)

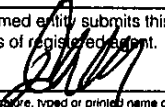
4. FEI Number 59-3527419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, ANDREW D  
5111 S. RIDGEWOOD AVE., SUITE 300  
PORT ORANGE, FL 32127

**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 4/11/07

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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 #	M98199
NAME	CLARK PROPERTIES CORPORATION
STREET ADDRESS	5111 S. RIDGEWOOD AVE., SUITE 300
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	

U00000762463  
05/23/07-80008-023.500.00

**DO NOT WRITE IN THIS SPACE**

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:  DATE 5/3/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

STAPLE CHECK HERE ↓