

**LIMITED PARTNERSHIP
 UNIFORM BUSINESS REPORT (UBR)**

03 DEC -2 AM 10:40

DOCUMENT # **A9900000 1602**
 1. Entity Name
Westport Storage, Ltd



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5889 Airport Rd
 Suite, Apt. #, etc.

3. Mailing Address
5652 Isabelle Ave
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Port Orange FL

City & State
Port Orange FL

Zip
32129 Volusia

Zip
32127 Volusia

4. FF Number
59-352 7419

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
D. Andrew Clark

Street Address (P.O. Box Number is Not Acceptable)
5652 Isabelle Ave

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]** DATE **October 10, 2003**

9. Capital Contributions as Shown on record. **74254**

10. Amount of Capital Contributions in FLORIDA to date. **74254**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 # NAME STREET ADDRESS CITY-ST-ZIP	Clark Properties Corporation 5652 Isabelle Ave Allandale, FL 32123
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REINSTATEMENT **03**
dec

STAPLE CHECK HERE

CR2E003B (12/02)

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]** DATE **October 10, 2003** TELEPHONE # **386-767-0350**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Self Storage ■ Office Leasing ■ Shopping Centers ■ Aircraft Hangars ■ Mobile Home Parks

October 13, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Subject: Westport Storage, Ltd.

To Whom It May Concern:

This letter is in response to the attached copy of the letter concerning a Certificate of Revocation for Westport Storage. The notice was never received as noted by the highlighted incorrect address for Westport Storage, Ltd. It was not the intention of this partnership to avoid the filing of the Uniform Business Report.

Enclosed is the check for \$52.50. Per a telephone conversation on Friday October 10 with the Division of Corporations office, the late fee was waived.

Thank you for your consideration.

Sincerely,



D. Andrew Clark
Partner

/cld

Enclosure