

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

**DOCUMENT # A99000001315**

1. Entity Name  
**CLARK OFFICE BUILDING, LTD.**



**FILED**

04 APR 29 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 AVENUE**  
Suite, Apt. #, etc.  
**SUITE 300**

3. Mailing Address  
**P.O. BOX 238071**  
Suite, Apt. #, etc.

City & State  
**PORT ORANGE, FL**

City & State  
**PORT ORANGE, FL**

Zip  
**32127**

Country  
**U.S.A.**

Zip  
**32123-8071**

Country  
**USA**

03042004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3592839**

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 **D. Clark** **D. ANDREW CLARK, PRESIDENT** **3-8-04**  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions  
As Shown on record. **\$9,900.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>M98199</b>	STREET ADDRESS	<b>MAR 22 2004</b>
NAME	<b>CLARK PROPERTIES CORPORATION</b>	CITY-ST-ZIP	<b>5111 RIDGEWOOD AVE., SUITE 300</b>
STREET ADDRESS	<b>5652 ISABELLE AVENUE</b>		<b>PORT ORANGE, FL 32127</b>
CITY-ST-ZIP	<b>PORT ORANGE, FL 32127</b>		
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STREET ADDRESS			
CITY-ST-ZIP			

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: **D. Clark** **D. ANDREW CLARK** **3-8-04** **386-763-2280**  
Signature and typed or printed name of signing general partner Date Daytime Phone #

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