


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

<b>DOCUMENT # A99000001315</b> 1. Entity Name CLARK OFFICE BUILDING, LTD.	
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Principal Place of Business 5111 RIDGEWOOD AVENUE., SUITE 300 PORT ORANGE, FL 32127	Mailing Address P.O. BOX 238071 PORT ORANGE, FL 32123-8071
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address 5111 South Ridgewood Avenue  Suite, Apt. #, etc. <b>Suite 300</b>
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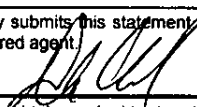
City & State  Zip	City & State <b>Port Orange, Florida</b>  Zip <b>32127</b>	Country <b>USA</b>	4. FEI Number <b>59-3592839</b>  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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**(A99000001315L)**

01112008 Chg-LP CR2E003 (12/ 06)

6. Name and Address of Current Registered Agent  CLARK, ANDREW D 5111 RIDGEWOOD AVENUE., SUITE 300 PORT ORANGE, FL 32127	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>M98199</b> NAME <b>CLARK PROPERTIES CORPORATION</b> STREET ADDRESS <b>5111 RIDGEWOOD AVENUE., SUITE 300</b> CITY-ST-ZIP <b>PORT ORANGE, FL 32127</b>	STREET ADDRESS CITY-ST-ZIP <b>100121246721</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <b>03/26/08--01002--008 **500.00</b>
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

SAMPLE CHECK HERE