
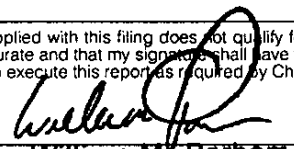


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B05000000026 1. Entity Name NOAH'S ARK SELF STORAGE NO. 23, L.P.						SEC. DIVISION 06 FEB 14 AM 11:18	
Principal Place of Business 30435 HIGHWAY 281 NORTH BULVERDE, TX 78163				Mailing Address 30435 HIGHWAY 281 NORTH BULVERDE, TX 78163			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	01242006 Chg-LP CR2E003 (11/05)		4. FEI Number 20-2277520	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM				Name			
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33324				City			
				FL Zip Code			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 #	F03000000494			STREET ADDRESS			
NAME	NOAH'S GP, INC.			CITY-ST-ZIP			
STREET ADDRESS	30435 HIGHWAY 281 NORTH			200066800432 02/23/06 01017 019 **500.00			
CITY-ST-ZIP	BULVERDE, TX 78163			STREET ADDRESS			
DOCUMENT #				CITY-ST-ZIP			
NAME				STREET ADDRESS			
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STREET ADDRESS				CITY-ST-ZIP			
CITY-ST-ZIP				STREET ADDRESS			
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: 				2/9/06 210 477.1220			
SIGNATURE AND TYPE OF FILER (NAME OF SIGNER REQUIRED)				Date Daytime Phone #			

STAPLE CHECK HERE