2009 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A12320 1. Entity Name COASTAL STORAGE LTD.						FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3)),	00 APR 17 PM 6: 00		
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er 59-2203393	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		Ι	7. Name and	Address of New Registere		
				Name	Name			
Anderson, Larry W 1375 W Hillsboro Blvd. Deerfield BCH. FL 33442				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code				
9. Capital Co as Shown	on record. A GENERAL PARTNER	10. Amount of in FLORIDA	Capital Contri A to date.	butions	quired when reinstating)	ACTIVE WITH THIS OFFI	BLE TO DEPT. OF STATE FOR FEE INFORMATION CE.	
	NOTE: General Partners N	MAY NOT be changed	on the form	; an amendr	nent must be file	ed to change a general p	ertner.	
12. DOCUMENT#	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
NAME STREET ADDRESS CITY-ST-ZIP	ANDERSON, LARRY W 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL			EET ADDRESS 	Ny	1		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	ANDERSON, ROBERT W 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL			EET ADDRESS (-ST-ZIP	m y	17		
DOCUMENT # NAME STREET ADDRESS	F93000002786 AMERICAN REALTY MGMT.CRP 1375 W. HILLSBORO BLVD.			EET ADORESS				
CITY-ST-ZIP	DEERFIELD BEACH FL	·-···	CITY	/-ST-ZIP		8000032303580		
DOCUMENT# NAME STREET ADDRESS				EET ADDRESS		****535.1	00 ****535.00	
CITY-ST-ZIP			; cm	/-ST-ZIP	. <u></u>			
DOCUMENT# NAME STREET ADDRESS				EET ADORESS				
CITY-ST-ZIP			CITY	/-ST-ZIP				
DOCUMENT# NAME STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP				/-ST-ZIP				
14. I hereby of indicated the receive	certify that the information supplied w on this report is true and accurate a ver or trustee empowered to execute	with this filing does not qua nd that my signature shall this report as required by	lify for the exe have the sam Chapter 620,	emption stated i e legal effect as Florida Statutes	n Section 119.07(3) s if made under oat s	i(i), Florida Statutes. I further n; that I am a General Partne	certify that the information r of the limited partnership or	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER