

2001 UNIFORM BUSINESS REPORT (UBR)

0008080 AF

DOCUMENT # **A12320**

1. Entity Name

COASTAL STORAGE LTD.

Principal Place of Business

**1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

Mailing Address

**1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2203393

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, LARRY W
1375 W HILLSBORO BLVD.
DEERFIELD BCH. FL 33442**

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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
**ANDERSON, LARRY W
1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**ANDERSON, ROBERT W
1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**F93000002786
AMERICAN REALTY MGMT.CRP
1375 W. HILLSBORO BLVD.
DEERFIELD BEACH FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

LARRY W. ANDERSON

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-14-01

Date

(954) 421-7888

Daytime Phone #

**FILED
01 APR -6 PM 2:00**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)