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2001	UNIFORM	BUSINESS	REPORT	(UBR)

DOCUMENT # A23655						,			086 A	
PALM BAY STORAGE LTD.					FILED OI APR -6 PM 2:00				71	
Principal Place of Business Mailing Address				-		-	OI APR	6 iPM :	?: ഹ ദ	
	SBORO BLVD.		1357 W. HILLSBORO BL			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
DEERFIELD B	EACH FL 3344	12	DEERFIELD BEACH FL 3	3442		£ 1002£11	ALLAHASSI	E, FLOR	DA Maren eign auch	1881
2 Principal I	Place of Busir		3. Mailing Address					(S
·			<u> </u>						<i>t</i>	•••
Suite, Apt			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	te		City & State			4. FEI Numbe	59-2752269		Applied Fo	
Zip		Country	Zip	Cour	Country 5. Certificate of Status Desired			8.75 Additional		
	6. Name	and Address of Current	Registered Agent	. .	Name	7. Name and	Address of New Re			
ANDERSO)N, LARRY \	N			Street Address (P.O. Box Number is Not Acceptable)					
	HILLSBORO									
DEERFIEL	D BCH. FL	33442			City	FL Zip Code egistered agent, or both, in the State of Florida.				
9. The chave					<u>.l.,</u>					
o. the above	e named enur	y submits this statement to	r the purpose of changing it	s register	rea onice or registe	red agent, or both	i, in the State of Fior	ida.		
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	ed Agent signature required	d when reinstating)		DATE		.
9. Capital Contributions as Shown on record. \$450,000.00 In FLORIDA to date.					ibutions .				O DEPT. OF STATE FEE INFORMATION	
			HAT IS A BUSINESS EI						er.	
12.		GENERAL PARTNER		13.			ADDRESS CHA			\exists ϵ
DOCUMENT # NAME	ANDERSO	N, LARRY W		STRI	EET ADDRESS					(11/00
STREET ADDRESS CITY-ST-ZIP		illsboro BLVD.) Beach Fl		CITY	Y-ST-ZIP	الأتية	00003:	9964	182:	CC 2E003 (11/00)
DOCUMENT #				STRI	EET ADORESS	· · · · · · · · · · · · · · · · · · ·	-04/13.	70101 35 00	031012 ****535.0	1 60
NAME STREET ADORESS	ANDERSON, ROBERT W 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL F93000002786		CITY	r-ST-ZIP	٠.	de d	3.7 * 00	**************************************	-	
CITY-ST-ZIP DOCUMENT #										
NAME STREET ADDRESS	AMERICAN	REALTY MANAGEME		STRE	EET ADDRESS					
CITY-ST-ZIP		ILLSBORO BLVD.) BEACH FL		CITY	Y-ST-ZIP					
DOCUMENT # NAME				STRE	EET ADDRESS				•	ľ
STREET ADDRESS CITY-ST-ZIP	f			CITY	/-ST-ZIP		,			
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CITY-ST-ZIP					'-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										ip or
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes LARRY AND FOR SON								,		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date									-	