

2002 UNIFORM BUSINESS REPORT (UBR)

0003750 AV

DOCUMENT # A26046

1. Entity Name

STOR-ALL EQUITIES I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Handwritten initials

02 APR -3 PM 3:33



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

DUE BY MAY 1, 2002

4. FEI Number **65-0057690**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANDERSON, JEFFREY M
1375 WEST HILLSBORO BLVD.
DEERFIELD BEACH 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$841,500.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT #	J29912
NAME	STOR-ALL EQUITIES, INC.
STREET ADDRESS	1375 W. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005235173--8
CITY-ST-ZIP	-04/10/02--01037--007
STREET ADDRESS	***535.00 ***535.00
CITY-ST-ZIP	
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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

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date: **3-12-02** Daytime Phone #: **(954) 421-7888**

STAPLE CHECK HERE

CP2E003 (9/01)