200† UNIFO	OOF UNIFORM BUSINESS REPORT (UBR)			
OCUMENT #	A9500001085	•/		

DOCU	JMENT me	# A95000	0001085		•/].· ,· ,·	•			į.
COCON	IUT CREEK S	TOR-ALL, LTD.	·		. •		FILED R=6 M 1:5		•	Ť
Principal Place of Business Mailing Address				·	01 AP	8=6 au .				
1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 Mailing Address 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442					SECRET TALLAHA	ARY OF STATE		NI INDIA BANDA IDADA BINA ID	a l	
2. Principal Place of Business 3. Mailing Address				-				ľ.		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & Sta	ite		City & State		4. FEI Number	65-0619553	_	Applied For Not Applica		
Zip 		Country	Zip	Cour	ntry	5. Certificate of	Status Desired		8.75 Additional se Required	
	6. Name a	and Address of Current R	egistered Agent		Name	7. Name and A	ddress of New Regist	ered Ag	ent	_
ANDERSON, LARRY W				Street Address (P.O. Box Number is Not Acceptable)						
1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442										
DECNFIEL	D DEACH FL	. 33442			City			-	Zip Code	_
8. The above	named entity	submits this statement for t	the nurnose of changing its	rogietor	<u> </u>	rod agent or both	in the Ctate of Florida	FL	Zip code	\dashv
SIGNATURE		printed name of registered agent and	180		d Agent signature required			DATE		
9. Capital Contributions as Shown on record. \$2,950,000.00 10. Amount of Capital C in FLORIDA to date			ributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
	A G NOTE:	ENERAL PARTNER TH General Partners MAY	AT IS A BUSINESS EN NOT be changed on ti	iTITY M he form	UST BE REGIST	TERED AND AC	TIVE WITH THIS OF to change a genera	FICE.	er.	
12.		GENERAL PARTNER I		13.			ADDRESS CHANGE			コ、
DOCUMENT # NAME STREET ADDRESS	GERMAN AMERICAN REALTY MANAGEMENT, L.C. 1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442 P95000055086 SACC PARTNERS, INC. 1375 W. HILLSBORO BLVD.		STRE	EET ADDRESS			"n n" "		CR2E003 (11/00)	
CITY-ST-ZIP			CITY	-ST-ZIP	1	993/13/01-04/13/01-	01	• r.u == 031001	E003	
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CITY-ST-ZIP			<u> </u>	CITY-	-ST-ZIP					
DOCUMENT # NAME				STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP	,			CITY-	ST-ZIP					
OCCUMENT #				STREE	ET ADDRESS					
STREET ADDRESS	- ME . M				ST-ZIP					
· inereby c	erary that the in	nformation supplied with the	is filing does not qualify for at my signature shall have t	the exer	nption stated in Sec	ction 119.07(3)(i), f	lorida Statutes. I furthe	r certify	that the information	1

n supplied with this filing does not qualify for the same legal effect as if made under oath; that I am a General Faculty of accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Faculty to execute this report as required by Chapter 620, Florida Statutes

ANALYSIAN PRESIDENT G. P. S.ACO PARTINES INC.

3-IHOL 954) 42/-7888

Date Date Dayline Prione #

SIGNATURE