## 2002 UNIFORM BUSINESS REPORT (UBR)

				<u> </u>		
DOCUMENT # A9500001085  1. Entity Name						r A1 /
COCONUT CREEK STOR-ALL, LTD.					FILED SECRETARY OF S DIVISION OF CORPO	STATE 4/5/02
Principal Place of Business Mailing Address 1375 W. HILLSBORO BLVD. 1375 W. HILLSBORO BLVD.					OZ APR -3 AM 8: 50	
DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 3344					( ) SELECT (BLE (BLE) ELLI SELLI BENI BENI BENI	
Principal Place of Business     3. Mailing Address			s			
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	
City & State		City & State	City & State		4. FEI Number 65-0619553	Applied For Not Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		Nama	7. Name and Address of New Registere	d Agent
ANDERSON, LARRY W				Name		
1375 W. HILLSBORO BLVD.				Street Address (P.O. Box Number is Not Acceptable)		
DEERFIELD BEACH FL 33442			:			
				City	F	Zip Code
8. The above	named entity submits this statement for	the purpose of chan	ging its registere	ed office or register	red agent, or both, in the State of Florida.	<u>- 1</u>
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if apolicable			DATE	
9. Capital Contributions as Shown on record. \$2,950,000.00 10. Amount of Capital in FLORIDA to da:						
	A GENERAL PARTNER T	HAT IS A BUSINE	SS ENTITY M	UST BE REGIS	TERED AND ACTIVE WITH THIS OFFI	CF.
12,	GENERAL PARTNER		a on the form	; an amenomer	nt must be filed to change a general p  ADDRESS CHANGES O	
DOCUMENT #	ENT # L9400000722			ET ADDRESS	7.00011200 07011020 0	1101
NAME STREET ADDRESS				ST-ZIP		
DOCUMENT #	DEERFIELD BEACH FL 33442 P95000055086					
NAME	SACC PARTNERS, INC.			T ADDRESS	600005235	51768
STREET ADDRESS CITY+ST-ZIP	1375 W. HILLSBORO BLVD. DEERFIELD BEACH FL 33442		СІТҮ-	ST-ZIP	-04/10/0201037008 ****535.00 ****535.00	
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CiTY-:	ST-ZIP		
DOCUMENT / NAME			STREE	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-S			
14. I hereby c indicated of the received	ertify that the information supplied with toon this report is true and accurate and the or trustee empowered to execute the	his filing does not qui hat my signature shal	alify for the exem	nption stated in Sec legal effect as if m	ction 119.07(3)(i), Florida Statutes. I further canade under oath; that I am a General Partner o	ertify that the information of the limited partnership or

SIGNATURE:

STAPLE CHECK HERE

3-12-02 (954) 421-7888