2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

A96000001070 **DOCUMENT #**

1. Entity Name WESTON STOR-ALL, LTD.



Principal Place of Business 1375 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442

Mailing Address 1375 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442

FILED 2003 FEB 11 PM 12: 56

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA



| 2. Principal Place of Business | | 3. Mailing Address | | | | |
|--|--|-----------------------|--|--|--|--|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DUE BY MAY 1, 2003 | | |
| City & State | | City & State | | 4. FEI Number 39-1325464 Applied For Not Applicable | | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | \$8.75 Additional | |
| | 6. Name and Address of Curren | t Registered Agent | <u> </u> | 7. Name and Address of New Registered | | |
| ANDERSON, LARRY W | | | Name | | | |
| 1375 WEST HILLSBORO BLVD. | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| DEERFIE | LD BEACH FL 33442 | , | | | | |
| | | | City | FL | Zip Code , | |
| the obliga | mons of registered agent. | | s registered office or regis | stered agent, or both, in the State of Florida. I am | familiar with, and accept | |
| 9. Capital Contributions as Shown on record. \$1,600,000.00 10. Amount of Capital in FLORIDA to da | | | | 11. MAKE CHECK PAYABLE SEE REVERSE SIDE FO | TO FL. DEPT. OF STATE | |
| | A GENERAL PARTNER NOTE: General Partners M | THAT IS A BUSINESS EN | ITITY MUST BE REGI | STERED AND ACTIVE WITH THIS OFFICE ent must be filed to change a general par | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. | | | |
| DOCUMENT # NAME STREET ADDRESS | WESTON STOR-ALL, INC. | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| DOCUMENT # | GERMAN AMERICAN REALTY MANAGMENT, L.C. 1375 WEST HILLSBORO BLVD. | | STREET ADDRESS | 5000123265 | 95 | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | ************************************* | |
| NAME | | | STREET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | |
| DOCUMENT # | | • | STREET ADDRESS | | | |

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

Life Supplied Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

> i required SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER