2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001906

1. Entity Name

TST LAKELAND, LTD.

FILED
01 MAY -7 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
800 Shades Creek Parkway	800 Shades Creek Parkway
Suite, Apt. #, etc.: Suite 585	Suite, Apt. #, etc.: Suite 585
City & State: Birmingham, AL	City & State: Birmingham, AL
Zip: 35209 Country: USA	Zip: 35209 Country: USA

4. FEI Number: 63-1264462 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324	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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE 12. SEE REVERSE SIDE FOR FEE INFORMATION
$99.00	$270,000.00	

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 #	L00000015425	STREET ADDRESS	
NAME	TST Lakeland Management, LLC	CITY-ST-ZIP	
STREET ADDRESS	800 Shades Creek Pkwy, Ste. 585		
CITY-ST-ZIP	Birmingham, AL 35209		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500004376605--9
NAME		CITY-ST-ZIP	-06/07/01--01132--003
STREET ADDRESS			****535.00 ****535.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: _____ Rance M. Sanders Pres. of the GP — 5-3-01 — 205/871-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #