

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT.# A0000000181

1. Entity Name

STB CAPITAL, LTD.

Principal Place of Business
2502 W. SIMMS BLVD.
TAMPA FL 33609

Mailing Address
2502 W. SIMMS BLVD.
TAMPA FL 33609

2. Principal Place of Business

777 S. Harbour Island Blvd
Suite, Apt. #, etc.
Suite 765

3. Mailing Address

777 S. Harbour Island Blvd
Suite, Apt. #, etc.
Suite 765

City & State
Tampa, FL

City & State
Tampa, FL

Zip 33602

Zip 33602

Country Hillsborough

Country Hillsborough

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ
100 S. ASHLEY DRIVE
SUITE 1770
TAMPA FL 33602

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$405,900.00

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 # L00000000848
NAME STB MANAGEMENT, LLC Guide Capital, LLC
STREET ADDRESS 2502 W. SIMMS BLVD. (name change)
CITY-ST-ZIP TAMPA FL 33609

STREET ADDRESS

777 S. Harbour Island Blvd, Ste 765

CITY-ST-ZIP

Tampa, FL 33602

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Marco number 6P 7/23/01

Date

Daytime Phone #

FILED

01 AUG 24 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

59-3619270

MMJ

8/24

MMJ

8/24

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8/24

MMJ

8/24

MMJ