


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 27 AM 9:25

DOCUMENT # A00000000181	
1. Entity Name STB CAPITAL, LTD.	

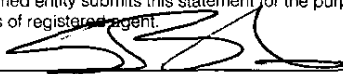
Principal Place of Business 777 S. HARBOUR ISLAND BLVD., SUITE 765 TAMPA, FL 33602	Mailing Address 777 S. HARBOUR ISLAND BLVD., SUITE 765 TAMPA, FL 33602
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2. Principal Place of Business Suite, Apt. #, etc. 1700 S. MacDILL AVE	3. Mailing Address Suite, Apt. #, etc. STE 220
City & State STE 220 TAMPA, FL	City & State TAMPA FL
Zip 33629	Country HILLSBOROUGH

	
01122004	Chg-LP
CR2E003 (10/03)	
4. FEI Number 59-3619270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HENDEE, BRETT ESQ 1700 SOUTH MACDILL AVENUE SUITE 200 TAMPA, FL 33629-5218	
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7. Name and Address of New Registered Agent	
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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1-20-04

9. Capital Contributions as Shown on record. \$405,900.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	STREET ADDRESS	1700 S. MacDILL AVE - STE 220
NAME	GUIDE CAPITAL, LLC	CITY-ST-ZIP	TAMPA, FL 33629
STREET ADDRESS	777 S. HARBOUR ISLAND BLVD., SUITE 765		
CITY-ST-ZIP	TAMPA, FL 33602		
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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

1-20-04 813.223.2424

Date

Daytime Phone #

STAPLE CHECK HERE