

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 17 AM 10:22

DOCUMENT # A00000000181

1. Entity Name
 STB CAPITAL, LTD.



Principal Place of Business 1700 S. MACDILL AVE STE 220 TAMPA, FL 33629	Mailing Address 1700 S. MACDILL AVE STE 220 TAMPA, FL 33629
--	--

DO NOT WRITE IN THIS SPACE



02012006 No Chg-LP CR2E003 (11/05)

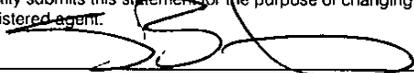
4. FEI Number 59-3619270	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HENDEE, BRETT ESQ
 1700 SOUTH MACDILL AVENUE
 SUITE 200
 TAMPA, FL 33629-5218

DO NOT WRITE IN THIS SPACE

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: _____

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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

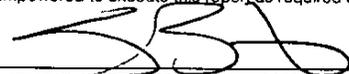
DOCUMENT #	L00000000848
NAME	GUIDE CAPITAL, LLC
STREET ADDRESS	1700 S. MACDILL AVE., STE 220
CITY-ST-ZIP	TAMPA, FL 33629
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000069072730
 03/31/06--01003--003 **500.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE.

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  3-10-06 813-223-4995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #