2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

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SIGNATURE:

Jun 01, 2004 08:00 AM Secretary of State DOCUMENT # A0000000627 1. Entity Name BTB STEGALL, LIMITED Principal Place of Business Mailing Address 8930 BAY COLONY DRIVE SALERNO UNIT NO. 504 NAPLES FL 34108 % ELBERT S. STEGALL, JR. 58 BROADMOOR JACKSON TN 38305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicat Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BADGETT, TOM 130 MURRAY CT., N.W. Street Address (P.O. Box Number is Not Acceptable) LAKE PLACID FL 33852 City 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 Signature, typed or printed name of registered agent and title if explicable 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$970,000.00 SEE REVERSE SIDE FOR FEE INFORMATION. as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT / STREET ADDRESS NAME STEGALL, ELBERT S JR STREET ADDRESS 58 BROADMOOR CITY-ST-7/P U00000162044 CITY-ST-ZIP JACKSON TN 38305 06/03/04-80006-006-526.25 DOCUMENT # STREET ADORESS AUSTIN, MILDRED B MANT STREET ADDRESS 808 S. VIVIAN WAY CITY-ST-ZIP CITY-ST-ZIP **BRENTWOOD TN 37027** DOCUMENT # STREET ADDRESS NAME STEGALL, ELBERT S III STREET ADDRESS 767 QUAIL RUN CATY-ST-ZIP CITY-ST-ZIP INVERNESS IL 60067 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-21P CITY-ST-ZIP DOCUMENT # STREET ACCRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAPLE COCUMENT (STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIF* 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 indictived 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

FILED

afril 22, 2004 731-668-701: