


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 APR -5 AM 10:42

DOCUMENT # A00000001906	
1. Entity Name TST LAKELAND, LTD.	

Principal Place of Business 800 SHADES CREEK PARKWAY SUITE 585 BIRMINGHAM, AL 35209	Mailing Address 1000 URBAN CENTER DRIVE, SUITE 675 BIRMINGHAM, AL 35242
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2. Principal Place of Business 1000 Urban Center Drive Suite, Apt. #, etc. Suite 675 City & State Birmingham, AL 35242	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 63-1264462	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 applicable.	DATE: _____
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9. Capital Contributions as Shown on record. \$270,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	L00000015425 TST LAKELAND MANAGEMENT, LLC 1000 URBAN CENTER DRIVE, SUITE 675 BIRMINGHAM, AL 35242	STREET ADDRESS CITY-ST-ZIP	
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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: <u>Rance M. Sanders</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date <u>3/2/04</u>	Daytime Phone # <u>205/298-0809</u>
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STAPLE CHECK HERE