
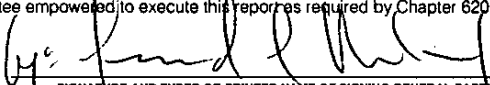


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 27 AM 9: 03

DOCUMENT # A01000000981			
1. Entity Name SANDLER & TRAVIS TRADE ADVISORY SERVICES LIMITED PARTNERSHIP			
Principal Place of Business 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126		Mailing Address 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01182005		Chg-LP	CR2E003 (10/03)
4. FEI Number 68-0550080		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		7. Name and Address of New Registered Agent	
ROSENBERG, LEONARD L ESQ. 5200 BLUE LAGOON DRIVE SUITE 600 MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$50,000.00		10. Amount of Capital Contributions 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.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	STTAS CANADA CORP.	STREET ADDRESS	
NAME	5200 BLUE LAGOON DRIVE	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33126		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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: 		1/21/05 (305) 267-9200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Leonard L. Rosenberg		Date Daytime Phone #	

STAPLE CHECK HERE