


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000330		
1. Entity Name TST TAMPA BAY, LTD.		

Principal Place of Business 1000 URBAN CENTER DRIVE, SUITE 675 BIRMINGHAM, AL 35242	Mailing Address 1000 URBAN CENTER DRIVE, SUITE 675 BIRMINGHAM, AL 35242
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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02232004 Chg-LP CR2E003 (10/03)

4. FEI Number 63-1194600	Applied For <input type="checkbox"/> 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
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CIT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
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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
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9. Capital Contributions as Shown on record. \$99.00	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 #	L98000000145	STREET ADDRESS	
NAME	TST TAMPA BAY MANAGEMENT, LLC	CITY-ST-ZIP	
STREET ADDRESS	1000 URBAN CENTER DRIVE, SUITE 675		
CITY-ST-ZIP	BIRMINGHAM, AL 35242		
DOCUMENT #		STREET ADDRESS	000000102309
NAME		CITY-ST-ZIP	04/05/04 00000 000 141.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 1 (9.07(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: <i>Rance M Sanders</i>	DATE: 3/8/04	DAYTIME PHONE #: 205/298-0809
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STAPLE CHECK HERE