


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B02000000328		
1. Entity Name TST EL PASO PROPERTIES, LTD.		

Principal Place of Business C/O THE SANDERS TRUST LLC 1000 URBAN CENTER SUITE 675 BIRMINGHAM, AL 35242	Mailing Address C/O THE SANDERS TRUST LLC 1000 URBAN CENTER 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 63-1190774	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

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

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. \$257,400.00	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 #	M02000002640	STREET ADDRESS	
NAME	TST EL PASO MANAGEMENT, LLC	CITY - ST - ZIP	000000102191
STREET ADDRESS	1000 URBAN CENTER DRIVE, STE. 675		04/05/04-80005-008 526.25
CITY - ST - ZIP	BIRMINGHAM, AL 35242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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: <i>Rance N. Sanders</i>	3/2/04	205/298-0809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
Date	Daytime Phone #	

STAPLE CHECK HERE