

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B02000000328

1. Entity Name
TST EL PASO PROPERTIES, LTD.



FILED

2003 APR 23 AM 8: 52

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
800 SHADES CREEK PARKWAY, SUITE 585
BIRMINGHAM AL 35209

Mailing Address
800 SHADES CREEK PARKWAY, SUITE 585
BIRMINGHAM AL 35209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1000 Urban Center Drive
Suite 675
Birmingham, AL 35242

City & State

Zip

Country

DUE BY MAY 1, 2003

FEI Number 63-1190774

Applied For

Not Applicable

Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$257,400.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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
NAME TST EL PASO MANAGEMENT, LLC
STREET ADDRESS 1000 Urban Center Drive
CITY-ST-ZIP Suite 675

DOCUMENT #
NAME Birmingham, AL 35242
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.15.03

Date

205/298-0809

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE