



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90184 031 \*\*\*\*50.00

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>DOCUMENT # L00000015425</b><br>1. Entity Name<br><b>TST LAKELAND MANAGEMENT, LLC</b>   |   |   |   |   |  |
| Principal Place of Business<br><b>800 SHADES CREEK PARKWAY, SUITE 585<br/>BIRMINGHAM, AL 35209</b>  |   |   | Mailing Address<br><b>1000 URBAN CENTER DR STE 675<br/>BIRMINGHAM, AL 35242</b> |  |  |
| 2. Principal Place of Business<br><b>1000 Urban Center Drive</b><br>Suite, Apt. #, etc.<br><b>Suite 675</b>   |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.                     |   |    |  |
| City & State<br><b>Birmingham, AL 35242</b>   |   | City & State<br>Zip Country                                       |   | 4. FEI Number<br><b>63-1263237</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |   | Applied For<br><input type="checkbox"/> Not Applicable            |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstalling) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |   | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>SANDERS, RANCE M<br>1000 URBAN CENTER DR STE 675<br>BIRMINGHAM, AL 35242 | <input type="checkbox"/> Delete                                   |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |  |
| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |   |   |  |  |
| <b>SIGNATURE:</b> <u>Rance M. Sanders</u> <u>3/2/04</u> <u>205/298-0809</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |   |   |   |  |  |