FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 MAY -7 AM 9: 45

DOCUMENT # A96000002483 1. Name of Limited Partnership

SEMBLER HOLDINGS, LTD.		50 107 1470		or					
2. Mailing Address 5858 Central Avenue 3. Principal Office Address 5858 Central Avenue			DO NOT WRITE IN THIS SPACE. 4. Date Formed or Registered To Do Business in Florida 12/27/96						
Suite, Apt #, etc	Suite, Apt. #, etc.		 	5. FEI Number	Applied For				
	· · · · · · · · · · · · · · · · · · ·	VII		59-3432662			 		
St. Petersburg, FL	City & State Petersh	urg, FL		6.		5 Additio	Not Applicable		
33707 Country	^{Zip} 33707	Country		7. State or Country of Formation F1.					
8a. Capital Contributions as Shown on Record \$294,587.00 8b. Amount of Capital Contributions in FLORIDA to date	\$437.50, fc 2.) Supplemer 3.) Penalty Fe Note: If the amount ente	FEES:1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$103.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.							
9 Name and Address of Cu	urrent Registered Agent			10. If changed, new registered	agent/office				
Sembler, Melvin F. 5858 Central Ayenue			Name						
			Street Address (P.O. Box Number is Not Acceptable)						
St. Petersburg, FL 33707		Suite, Ap	Suite, Apt. #, etc. 700021737 17701121013			-013			
		City	City ****1041.25 ************************************						
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH		ON, LIMITE	D PART	DATE	R BUSIN	ESS	ENTITY		
11. Names of General Partner(s)	Address of Each ((Do NOT Use Post Of	General Partner		City, State and Zip Code	11a.		stration of Number		
Sembler, Melvin F.	5858 Centra	1 Avenue	St. P	etersburg FL 3370	7				
Sembler, Betty §,	5858 Centra	l Ayenue	St. P	etersburg FL 3370	7				
		· 				1			
		R	EINS	TATEMENT	X.	~1	•		
Note: General partners MAY No. 1 do hereby certify that the information supplied	with this filing is voluntarily furnished an	nd does not qualify for	the exemption	nt must be filed to cha	nge a ge	neral se the Div	partner. Ision of		
Corporations from any liability of non-compliand this annual report is true and accurate and that									

12.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.0/(3xk), Florida Statutes. I release	the Division of	
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access. If further certify that the Information supplied is deemed exempt from public access.	nformation indica	no beli
	this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partner	rship, receiver or	r trustee
	empowered to execute this required to chapter 620 foolds Statutes.		
	empowered to exceed this required by chapter 620 florida Statutes.		

SIGNATURE WWW. Typed or Printed Name of General Partner Signing Form

4 Telephone Number .