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ALLAHASSFE OF STATE 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005 DOCUMENT # A9800000180 1. Entity Name TSCPR FAMILY PARTNERSHIP #3, LTD. Principal Place of Business Mailing Address % THE SEMBLER COMPANY **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 2. Principal Place of Business 3. Mailing Address Suite Apt # etc Suite. Apt. #. etc. 04092005 Chg-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 59-3489390 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHER, CRAIG 5858 CENTRAL AVENUE Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33707 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 Synature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$687,004.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P97000081031 STREET ADDRESS TSCPR FLORIDA, INC. NAME STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33707 <del>- 70005475382</del> 05/19/05--01005--010 \*\*\* DOCUMENT # \*\*150.00 STREET ADDRESS STREET ADDRESS City-St-7iP CITY-\$1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHY \$1 ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SE-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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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