

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 PM 5:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000180 1. Entity Name TSCPR FAMILY PARTNERSHIP #3, LTD.					
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3489390	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			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 _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$687,004.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00			
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 #	P97000081031		STREET ADDRESS		
NAME	TSCPR FLORIDA, INC.		CITY - ST - ZIP		
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY - ST - ZIP	ST. PETERSBURG, FL 33707				
DOCUMENT #			STREET ADDRESS		
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05/19/05--01005--010 **150.00

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CRAIG SHER, VICE PRESIDENT

4/19/05

727-384-6000

STAPLE CHECK HERE