2000 UNIFORM BUSINESS REPORT (UBR)

A98000000361 DOCUMENT # 1. Entity Name FILED SEMBLER H.V. PARTNERSHIP #1, LTD. 00 APR 27 PM 1: 42 Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business C/O THE SEMBLER COMPANY C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707-1728 ST. PETERSBURG FL 33707 3. Mailing Address 2. Principal Place of Business c/o The Sembler Company Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. PO Box 41847 City & State Applied For 4. FEI Number City & State 59-3502452 Not Applicable Petersburg, FL St. \$8.75 Additional Zip Country Zip Country KK 5. Certificate of Status Desired Fee Required 33743-1847 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SHER, CRAIG H Street Address (P.O. Box Number is Not Acceptable) C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$72,048.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. \$37,775.60 as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P96000003312 DOCUMENT # STREET ADDRESS SEMBLER RETAIL, INC. NAME **5858 CENTRAL AVENUE** STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33707 CITY-ST-ZIP 700003238547--1 DOCUMENT # STREET ADDRESS -05/03/00--01147--009 NAME ****361.96 STREET ADDRESS ****261,96 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

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 occurate 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

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

727-384-6000