-2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SITERESBURG, FL 33707 2. Principal Place of Business Suite, Apt. #, etc. City & State Sherr, CRAIG H C/O THE SEMBLER COMPANY SS66 CENTRALA WENUE ST. PETERSBURG, FL 33707 City	1. Entity Nam	MENT # A9800000	FILED 05 APR 29 PM 5: 45 FALL AGE TARY OF					
Suite, Apt. #, etc. Odo92005 Chg-LP CR2E003 (10'03) 4. FEI Number A FEI Number A FEI Number Shand Country Zip Country Zip Country Zip Country 8. Certificate of Status Desired X Sh. 75 Additional Fee Required Sh. Rame and Address of Current Registered Agent Name COT THE SEMBLER COMPANY S888 CENTRAL AVENUE ST. PETERSBURG, FL 33707 City FL Zip Codo 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 acc the obligations of registered gaper and the favolations 9. Capital Contributions 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY DOUGLAST / PETERSBURG, FL 33707 SIREL MORESS CITY-S1-ZP DOUGLAST / SIREL MORESS CITY-S1-ZP DOUGLAST / NAME SIN	C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE		% THE SEMBLER COMPANY P.O. BOX 41847		SECRETARY OF STATE			
City & State Country Country Country Country Endergoes of Current Registered Agent To Name and Address of New Registered Agent Fee Required Sher, CRAIGH COTHE SEMBLER COMPANY S858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accident the obligations of registered agent. SIGNATURE Signature, speed or private name of registered agent and size if evokative. A GENERAL PARTHER 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. SIGNATURE SEMBLER RETAIL, INC. SIRE! AGGRESS CITY-S1-ZP CITY-	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country 59-3502452 Not Applied 6. Name and Address of Current Registered Agent 7. Name and Address of Name Registered Agent 7. Name Agent Agent 8. Name Registered Agent 7. Name Agent 8. Name Registered Registered Registered Registered Registered Registered Registered Registered Registered	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092005 Chg-LP	CR2E003 (1	0/03)	
Signature Sign	City & State		City & State		1		Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHER, CRAIG H C/O THE SEMBLER COMPANY S868 CENTRAL AVENUE ST. PETERSBURG, FL 33707 City FL Zip Codo 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 acc the obligations of registered agent. SIGNATURE 9. Capital Contributions as shown on record. \$72,048.00 10. Amount of Capital Contributions in FLORIDA to date. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. 12. CENERAL 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 filled to change a general partner. 12. CENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT / NAME SIREEL ADDRESS CITY-ST-ZIP 05./19/0501005018 ***150.00 OCCUMENT / NAME SIREEL ADDRESS CITY-ST-ZIP 0000MST / NAME	Zip	Country Zip C		Coun	ntry			5 Additional
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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 partnersh the receiver or trustee empowered to execute this port as required by Chapter 620, Florida Statutes	14. I hereby indicated the receiv	certify that the information supplied with on this report is true and accurate and yer or trustee empowered to execute the	n this filing does not qualify fo that my signature shall have is port as required by Chap	or the exe the same oter 620,	mption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), Florida Statutes. I f nade under oath; that I am a General	urther certify that Partner of the lin	it the information nited partnership or
SIGNATURE: 4/19/05 727-384-6		URE: 4	7		1 ,	727-	384-600	
CRAIG SHER, PRESIDENT	!					Date"	Daytime P	hone #