

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

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

<b>DOCUMENT # A00000000233</b> 1. Entity Name TSCPR FAMILY PARTNERSHIP #4, LTD., S.E.					
Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707			Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3626192</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$99.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>99.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P97000081031		STREET ADDRESS		
NAME	TSCPR FLORIDA, INC.		CITY-ST-ZIP		
STREET ADDRESS	5858 CENTRAL AVE.		<b>400054753854</b> 05/19/05--01005--011 **150.00		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		STREET ADDRESS		
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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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** CRAIG SHER **DATE:** 4/19/05 **DAYTIME PHONE:** 727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**CRAIG SHER, VICE-PRESIDENT**