

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A00000000233

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**

FILED
 08 APR 30 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number
59-3626192

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHER, CRAIG H
 5858 CENTRAL AVE.
 ST. PETERSBURG, FL 33707**

BK

Name **SEMBLER, GREGORY S.**

Street Address (P.O. Box Number is Not Acceptable)

5858 CENTRAL AVENUE

City **ST. PETERSBURG FL** Zip Code **33707**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

4-24-08
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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**
 NAME **TSCPR FLORIDA, INC.**
 STREET ADDRESS **5858 CENTRAL AVE.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

[Signature] **RONALD P. WHEELER** **4-24-08**

727-384-6000

STAPLE CHECK HERE