2003

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 0000001200

1. Entity Name

SEMBLER FAMILY PARTNERSHIP #22, LTD.

FILED

03 MAY -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
5858 CENTRAL AVE

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip 33707   Country USA

3. Mailing Address
PO BOX 41847

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

Zip 33743-1847   Country USA

DUE BY MAY 1

4. FEI Number
59-3664975

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name SHER, CRAIG H.

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, typed or printed name of registered agent and title if applicable.   DATE

9. Capital Contributions as Shown on record 2,306,691.27

10. Amount of Capital Contributions in FLORIDA to date. 99.00

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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

		STREET ADDRESS	
DOCUMENT #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL INC.		
STREET ADDRESS	5858 CENTRAL AVENUE	CITY - ST - ZIP	
CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME			
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CR2E003B (12/02)

STAPLE CHECK HERE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/03   727-384-6000
Date   Daytime Phone #

CRAIG SHER PRESIDENT