2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # A0100000844 1. Entity Name SEMBLER FAMILY PARTNERSHIP #24, LTD.				PILED OZ APR 30 PM 5: 25 IALLAHASSEE, FLORIDA		
				FILER		
y * #	TINERSHIP #24, LID.				02 APR 20	
Principal Place of Business		NA-11' A. I. I.			SECRET SO PM 5. 2	
Principal Place of Business Mailing Address 5858 CENTRAL AVENUE 5858 CENTRAL AVENUE					ALLAHASSO OF STA	
ST. PETERSBURG FL 33707		ST. PETERSBURG FL 33	3707		SEE, FLORIDA	
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2. Principal Place of Business		3. Mailing Address			1 TERRIN FOLL COLOR HIGH BOUL BOUL BOUL BOUL BOUL BOUL BOUL BOUL	
Suite, Apt. #, etc.		PO BOX 4/847 Suite, Apt. #, etc.				
<u> </u>		ouite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & State		City & State ST. PETERSHURG,	FT.		4. FEI Number Applie 59~3727713 Applie	
Zip Co	ountry	Zip	Country		5. Certificate of Status Desired Sa.75 Addition	plicable
6. Name and	Address of Current Re	33743–1847	USA		7. Name and Address of New Registered Agent	
			Nai	me	7. Name and Address of New Registered Agent	
SHER, CRAIG H C/O SEMBLER RETAIL, INC.			Stre	eet Address	(P.O. Box Number is Not Acceptable)	
5858 CENTRAL AVENUE						
ST. PETERSBURG FL 33			City	,	□ Zip Code	
8. The above named entity sub	mits this statement for the	Dournoss of changing its			FL Zip Code ered agent, or both, in the State of Florida.	
and a solution of the sales	THE WIS STATEMENT TO THE	s purpose or changing its	registered offi	ce or register	red agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or print	ed name of registered agent and ti	tle if applicable.	7.		DATE	_
9. Capital Contributions as Shown on record. \$99.00 In FLORIDA to de				11. MAKE CHECK PAYABLE TO DEPT. OF ST		
A GENE	RAL PARTNER THA	T IS A BUSINESS EN	ITITY MUST	RE REGIST	SEE REVERSE SIDE FOR FEE INFORMAT TERED AND ACTIVE WITH THIS OFFICE.	10N
NOTE: Ger	neral Partners MAY N GENERAL PARTNER INI	OT be changed on the	he form; an	amendmer	nt must be filed to change a general partner.	
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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 procure this report as required by Chapter 620, Florida Statutes

SIGNATURE:

THE CURE Chaig H. Sher, President