
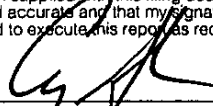


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By May 1, 2005**

**FILED**  
05 APR 29 PM 5:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000000844</b> 1. Entity Name <b>SEMBLER FAMILY PARTNERSHIP #24, LTD.</b>					
Principal Place of Business <b>5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>			Mailing Address <b>P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3727713</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SHER, CRAIG H C/O SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>\$371,250.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>299,475.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000003312		STREET ADDRESS		
NAME	SEMBLER RETAIL, INC.		CITY-ST-ZIP		
STREET ADDRESS	5858 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			<b>100054747611</b> <b>05/18/05--01057--023 **535.00</b>		
CITY-ST-ZIP			STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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					
<b>SIGNATURE:</b> 			Date: <b>4/19/05</b> Daytime Phone: <b>727-384-6000</b>		
<b>CRAIG SHER, PRESIDENT</b>					

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