

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A01000000844	
1. Entity Name SEMBLER FAMILY PARTNERSHIP #24, LTD.	



FILED
08 APR 30 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3727713	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHER, CRAIG H C/O SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 <i>MX</i>	
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7. Name and Address of New Registered Agent Name <u>SEMBLER, GREGORY S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5858 CENTRAL AVENUE</u> City <u>ST. PETERSBURG</u> FL <u>33707</u>	
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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 <u><i>Gregory S. Sembler</i></u> <u>PRESIDENT</u> <u>4-23-08</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small>	
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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	
DOCUMENT #	P96000003312
NAME	SEMBLER RETAIL, INC.
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000127451700
CITY-ST-ZIP	04/30/08--01052--006 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: <u><i>Ronald P. Wheeler</i></u> <u>4/24/08</u> <u>727-384-6000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> <small>Date</small> <small>Daytime Phone #</small>	

STAPLE CHECK HERE