

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT

A01000001633

DOCUMENT # A01000001633

1. Entity Name

SEMBLER FAMILY PARTNERSHIP #25, LTD.

DO NOT WRITE IN THIS SPACE

FILED

02 APR 30 PM 5:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5858 CENTRAL AVENUE

3. Mailing Address
PO BOX 41847

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
ST. PETERSBURG, FL

4. FEI Number
80-0003387

Applied For
Not Applicable

Zip Country
33707 USA

Zip Country
33743-1847 USA

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

DUE BY MAY 1

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CRAIG H. SHER

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.

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

Craig H. Sher

4/29/02
DATE

9. Capital Contributions
as Shown on record. \$99.00

10. Amount of Capital Contributions
in FLORIDA to date. \$4,950.00

11. MAKE CHECK PAYABLE TO 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

DOCUMENT # P96000003312
NAME SEMBLER RETAIL, INC.
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG, FL 33707

STREET ADDRESS

CITY-ST-ZIP

800005481008--2
-05/07/02-01048-010
*****132.15 *****132.15

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

800005481008--2
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DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

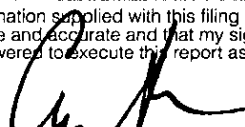
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the 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:



Craig H. Sher, President

4/29/02

727-384-6000

CR2E003B (12/01)