


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

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| DOCUMENT # A01000001633 |  |
| 1. Entity Name SEMBLER FAMILY PARTNERSHIP #25, LTD. | |

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| 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 | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04092005 Chg-LP CR2E003 (10/03)

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| 4. FEI Number 80-0003387 | Applied For <input type="checkbox"/> Not Applicable |
| 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 AVE. ST. PETERSBURG, FL 33707 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ Signature, typed or printed name of registered agent and title if applicable. **DATE** _____

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| 9. Capital Contributions as Shown on record. \$103,950.00 | 10. Amount of Capital Contributions in FLORIDA to date. 99.00 |
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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 | | 13. ADDRESS CHANGES ONLY | |
|--|---|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P96000003312 SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 | STREET ADDRESS CITY - ST - ZIP | 600054757306 05/19/05 01009 002 **150.00 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: CRAIG SHER **4/19/05** **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRAIG SHER, PRESIDENT

STAPLE CHECK HERE