


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
 05 APR 29 PM 5:08  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A02000000086	
1. Entity Name SEMBLER FAMILY PARTNERSHIP #26, LTD.	

Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address P.O. BOX 41847 ST. PETERSBURG, FL 33743
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04092005 Chg-LP CR2E003 (10/03)

4. FEI Number 01-0583391	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	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,343,907.00	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	STREET ADDRESS CITY - ST - ZIP
P96000003312 SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	100054757351 05/19/05--01009--003 ***150.00
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STAPLE CHECK HERE

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: 	Date: 4/19/05	Daytime Phone #: 727-384-6000
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**CRAIG SHER, PRESIDENT**