2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # A02000000086 07 APR 27 AM 8: 09 SEMBLER FAMILY PARTNERSHIP #26, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5858 CENTRAL AVENUE P.O. BOX 41847 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743 BK03022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 01-0583391 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHER, CRAIG H C/O SEMBLER RETAIL, INC. **5858 CENTRAL AVENUE** IN THIS SPACE ST. PETERSBURG, FL 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. 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 FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. DO NOT WRITE IN THIS SPACE THE INTERIOR OF T NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P96000003312 DOCUMENT # SEMBLER RETAIL, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT **₹** NAME STREET ADDRESS CITY-SY-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-7IP supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information corrate 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 a execute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information indicated on this report is true and or the receiver or trustee empower SIGNATURE: ED OR PRINTED NAME OF SIGNING GENERAL PARTNER