


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013905 AT

DOCUMENT # A020000000086		
1. Entity Name SEMBLER FAMILY PARTNERSHIP #26, LTD.		

FILED

03 APR 30 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707
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2. Principal Place of Business		3. Mailing Address PO Box 41847	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ST. PETERSBURG, FL	
Zip	Country	Zip 33743-1847	Country USA

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent SHER, CRAIG H C/O SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 *SA filed 4/30/03* DATE _____

9. Capital Contributions as Shown on record. 510,948.52	10. Amount of Capital Contributions in FLORIDA to date. 510,948.52	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
		STREET ADDRESS	100018294221
		CITY-ST-ZIP	05/06/03--01062--001 **535.00
		STREET ADDRESS	
		CITY-ST-ZIP	
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		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: <u><i>SA</i></u>	SIGNATURE REQUIRED	4/25/03	727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE