


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

2004 APR 29 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A02000000920</b> 1. Entity Name TSCPR FAMILY PARTNERSHIP. #5, LTD., S.E.	
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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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03052004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
82-0558664

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SEMBLER, GREGORY S  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

DATE

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

10. Amount of Capital Contributions  
in FLORIDA to date \$57,915.08

**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 #	P97000081031
NAME	TSCPR FLORIDA, INC.
STREET ADDRESS	5858 CENTRAL AVE.
CITY-ST-ZIP	ST. PETERSBURG, FL 33707

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

900036962929  
05/20/04 01053 024 \*\*88.75

STREET ADDRESS

CITY-ST-ZIP

900036962929  
05/20/04 01053 025 \*\*405.41

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/04

Date

727-384-6000

Daytime Phone #

GREGORY S. SEMBLER

STAPLE CHECK HERE