2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SECRETARY OF STATE DOCUMENT # A02000000920 DIVISION OF CORPORATIONS 1. Entity Name TSCPR FAMILY PARTNERSHIP. #5, LTD., S.E. 06 APR 27 PM 3: 43 Principal Place of Business Mailing Address 5858 CENTRAL AVENUE P.O. BOX 41847 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 82-0558664 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEMBLER, GREGORY S DO NOT WRITE 5858 CENTRAL AVENUE ST. PETERSBURG, FL. 33707 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P97000081031 DOCUMENT # TSCPR FLORIDA, INC. NAME STREET ADDRESS 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 CITY-ST-ZIP DOCUMENT A **800074**329688 05/10/06--01012--012 ***43687,50 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information courage 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 due 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 emp

A-10:00