

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**DOCUMENT # A02000001075**

1. Entity Name  
**STP REDEVELOPMENT II, LTD.**



Principal Place of Business  
**5858 CENTRAL AVENUE  
 ST PETERSBURG, FL 33743**

Mailing Address  
**PO BOX 41847  
 ST. PETERSBURG, FL 33743-1847**

FILED  
 08 APR 30 AM 8:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02282008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number  
**54-2088642**

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

**SHER, CRAIG H  
 5858 CENTRAL AVENUE  
 ST PETERSBURG, FL 33743**

Name **SEMBLER, GREGORY S.**  
 Street Address (P.O. Box Number is Not Acceptable)

**5858 CENTRAL AVENUE**

City **ST. PETERSBURG, FL** Zip Code **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 *Gregory S. Sembler*  
 Signature, typed or printed name of registered agent and title if applicable.

**4-23-08**  
 DATE

**FILE NOW!!! FEE IS \$500.00  
 After May 1, 2008, 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P02000085438**  
 NAME **STP REDEVELOPMENT II, INC.**  
 STREET ADDRESS **5858 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST PETERSBURG, FL 33743**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500127430305  
 04/30/08--01050--016 \*\*508.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gregory S. Sembler*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-23-08**  
 Date

**727-384-6000**  
 Daytime Phone #

**GREGORY S. SEMBLER**

STAPLE CHECK HERE