

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

**DOCUMENT # A02000001118**

1. Entity Name  
**DESTIN PARTNERSHIP #4, LTD.**



Principal Place of Business  
**5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008 Chg-LP CR2E003 (12/06)

4. FEI Number  
**71-0902605**

Applied For  
 Not Applicable

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 33707**

Name **SEMBLER, GREGORY S.**

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

**5858 CENTRAL AVE**

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 Sembler*

**PRESIDENT**

**4-23-08**

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

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P98000004274**  
 NAME **DESTIN RETAIL, INC.**  
 STREET ADDRESS **5858 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

STREET ADDRESS  
 CITY-ST-ZIP

**700127455957**  
**04/30/08--01052--023 \*\*508.75**

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STREET ADDRESS  
 CITY-ST-ZIP

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:

*Ronald D. Wheeler*  
**VICE PRESIDENT**

**4/24/08**

**727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**RONALD D. WHEELER**

STAPLE CHECK HERE

**FILED**  
**08 APR 30 AM 8:38**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

