

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

FILED

2004 APR 29 PM 3:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A02000001705

1. Entity Name

TSCPR WG PARTNERSHIP #1, LTD., S.E.



Principal Place of Business

5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

Mailing Address

PO BOX 41847  
ST. PETERSBURG, FL 33743-1847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03052004

Chg-LP

CR2E003 (10/03)

4. FEI Number

41-2073955

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

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.

\$333,750.00

10. Amount of Capital Contributions  
in FLORIDA to date.

341,581.70

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

STREET ADDRESS

CITY-ST-ZIP

900036962509  
05/28/04 01053-004 \*\*535.00

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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 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

GREGORY S. SEMBLER

4/22/04

Date

727-384-6000

Daytime Phone #

STAPLE CHECK HERE