2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A02000001705 TSCPR WG PARTNERSHIP #1, LTD., S.E. Principal Place of Business Mailing Address **5858 CENTRAL AVENUE** PO BOX 41847 ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33743-1847 03022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2073955 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 P97000081031 DOCUMENT # NAME TSCPR FLORIDA, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY - ST - ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT # 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 14. I hereby certify that the information supplied indicated on this report is true and accurate this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information hat my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership his report as required by Chapter 620, Florida Statutes

4-26-07 727-384-6000

H, SHER

OR PRINTED NAME OF SIGNING GENERAL PARTNER

or the receiver or trustee empowered to e

SIGNATURE: