

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

**DOCUMENT # A03000000411**

1. Entity Name  
**SEMBLER BTS PARTNERSHIP #1, LTD.**



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

Mailing Address  
**5858 CENTRAL AVE.**  
**ST. PETERSBURG, FL 33743**

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

**13-4244092**

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 AVE.**  
**ST. PETERSBURG, FL 33743**

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. **\$99.00**

10. Amount of Capital Contributions  
 in FLORIDA to date. **\$ 63,855.00**

**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 # **P96000003312**  
 NAME **SEMBLER RETAIL, INC.**  
 STREET ADDRESS **5858 CENTRAL AVE.**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33743**

STREET ADDRESS

CITY-ST-ZIP

**300036962723**

**05/20/04--01053--014 \*\*535.00**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

**CRAIG SHER**

Date

Daytime Phone #

**4/22/04 727-384-6000**

FILED

2004 APR 29 PM 3:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE