## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

## **Due By May 1, 2006** SECRETARY OF STATE DOCUMENT # A03000000411 DIVISION OF CORPORATIONS SEMBLER BTS PARTNERSHIP #1, LTD. 06 APR 27 PM 4: 13 Principal Place of Business Mailing Address 5858 CENTRAL AVE. 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4244092 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 5858 CENTRAL AVE. ST. PETERSBURG, FL. 33743 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 P96000003312 DOCUMENT # NAME SEMBLER RETAIL, INC. STREET ADDRESS 5858 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33743 DOCUMENT # **000074330890** 05/10/06--01012--012 \*\*43687.50 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-St-7IP this filling 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 eport as required by Chapter 620, Florida Statutes

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

that

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I hereby certify that the information supplies indicated on this report is true and accur-or the receiver or trustee empowered to

SIGNATURE: