

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
07 APR 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000411

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



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

Mailing Address
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33707

BK



03022007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

SHER, CRAIG H
5858 CENTRAL AVE.
ST. PETERSBURG, FL 33743

**DO NOT WRITE
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.

000101858820
05/08/07 01047 204 **508.75
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

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

DOCUMENT #
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STREET ADDRESS
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*DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07 727-384-6000
Date Daytime Phone #

CRAIG H. SHER