

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02282008 Chg-LP CR2E003 (12/06)

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 **SEMBLER, GREGORY S.**

Street Address (P.O. Box Number is Not Acceptable)

5858 CENTRAL AVENUE

City **ST. PETERSBURG FL** Zip Code **33707**

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]*

PRESIDENT

4-23-08

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2008, 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

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

DOCUMENT #
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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

**700127459007
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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 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] **RONALD P. WHEELER**

4/24/08

727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

08 APR 30 AM 8:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

