


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000524					
1. Entity Name FOG SEMBLER CAPITAL PR 1 LIMITED, S.E.					
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 57-1159144	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00 * 99.00			10. Amount of Capital Contributions in FLORIDA to date. 0.00		
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 #	P97000081031		STREET ADDRESS	900054753649	
NAME	TSCPR FLORIDA, INC.		CITY-ST-ZIP	05/19/05--01005--007 **150.00	
STREET ADDRESS	5858 CENTRAL AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____			4/19/05 727-384-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

CRAIG H. SHER, VICE-PRESIDENT

* FL DOB RECORDS REQUEST SEE ATTACHED