2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

FILED **DOCUMENT # A03000001313** 07 APR 27 AM 8: 16 Entity Name SEMBLER E.D.P. PARTNERSHIP #22, LTD. BK SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 DO NOT WRITE IN THIS SPACE 03022007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 20-0220638 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHER, CRAIG H **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 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, 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. GENERAL PARTNER INFORMATION 12. P96000003312 DOCUMENT # SEMBLER RETAIL, INC. STREET ADDRESS **5858 CENTRAL AVENUE** 7.900101862860 05/08/07-01049-014 **508 CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO:NOT WRITE: STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # CHECK STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this light 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 they 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 peport as required by Chapter 620, Florida Statutes

SIGNATURE: .

STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING GENERAL PARTNER