2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

- 1	DOCUMENT # A0300001344 1. Entity Name SEMBLER FAMILY PARTNERSHIP #30, LTD.					FILED		
						B APR 30 AM 8: 38		
	Principal Place of Business Mailing Address 5858 CENTRAL AVENUE 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33		_	T/	LLAHASSEE, FLORIDA			
	Principal Place of Business - No P.O. Box # 3. Mailing Address							
-	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282008 Chg-LP CR2E003 (12/06)	(81) 2(188)	
H	City & State		City & State			4. FEI Number Ap	plied For	
-	Zip	Country	Zip	Country		5 Certificate of Status Desired \$8.75 Add		
F		6 Name and Address of Curren	ot Registered Agent	<u> </u>		7. Name and Address of New Registered Agent	3	
	6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Street	Name SEMBLER GREGORY S. Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE City ST. PETERS BURG. FL 33707			
	8. The above named entity submits this statement for the purpose of changing its registered the obligations of registered agent. On the purpose of changing its registered agent.				or registe	red agent, or both, in the State of Florida. I am familiar with, PESIDENT 4-23-08	and accept	
	SIGNATURE Signature, typed or printed name of regispered agent and title if applicable.							
	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.							
H				13.		ADDRESS CHANGES ONLY		
- 1	DOCUMENT / NAME	P9600003312 SEMBLER RETAIL, INC.			s			
	STREET ADDRESS City-St-Zip	5858 CENTRAL AVENUE ST. PETERSBURG, FL. 33707	CITY-ST-ZIP					
,	DOCUMENT # NAME			STREET ADDRES	s	200122452512		
_	STREET ADDRESS CITY-ST-ZIP	-ST-ZIP UMENT #		CITY-ST-ZIP		200127452512 04/30/0801052010 **508,	. 75	
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STAPLE	DOCUMENT #			STREET ADDRES	ss			
- 1	STREET ADDRESS CITY-ST-ZIP			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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Despire Pi Despire Pi							4_6000	