


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000001507		
1. Entity Name FOG SEMBLER CAPITAL PR 2 LIMITED, S.E.		

Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	

4. FEI Number 20-0335282		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00
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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	
NAME	TSCPR FLORIDA, INC.	CITY-ST-ZIP	900054758029
STREET ADDRESS	5858 CENTRAL AVENUE		05/19/05--01009--014 **150.00
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #		STREET ADDRESS	
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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 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: CRAIG H. SHER DATE: 4/19/05 DAYTIME PHONE: 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CRAIG H. SHER, VICE-PRESIDENT

FILED
 05 APR 29 PM 5:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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STAPLE CHECK HERE