

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

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**

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
20-0335282

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

**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

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

DOCUMENT # **P97000081031**
 NAME **TSCPR FLORIDA, INC.**
 STREET ADDRESS **5858 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**100127456331
 04/30/08--01052--025 **508.75**

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

RONALD P. WHEELER

4/22/08

Date

727-384-6000

Daytime Phone #

STAPLE CHECK HERE

FILED
08 APR 30 AM 8:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

