

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A03000001732 1. Entity Name SEMBLER FAMILY PARTNERSHIP #29, LTD.					
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. \$1,782,000.00		10. Amount of Capital Contributions in FLORIDA to date. 817,418.10			
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 #	P96000003312		STREET ADDRESS		
NAME	SEMBLER RETAIL, INC.		CITY-ST-ZIP		
STREET ADDRESS	5858 CENTRAL AVENUE		800054747498 05/18/05--01057--019 **535.00		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		STREET ADDRESS		
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STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/19/05 Daytime Phone #: 727-384-6000		

CRAIG SHER, PRESIDENT

STAPLE CHECK HERE

FILED
 05 APR 29 PM 5:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04092005 Chg-LP CR2E003 (10/03)

4. FEI Number **20-0485487** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required