2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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

DO NOT WRITE IN THIS SPACE

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



03022007 No Chg-LP

CR2E003 (12/06)

| 4. FEI Number | | | Applied For |
|---------------|----------------|---|----------------|
| 20-0485487 | | | Not Applicable |
| | . c p 7 | 2 | |

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 DO NOT WRITE IN THIS SPACE

| 8. | 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, 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.

| | 12. | GENERAL PARTNER INFORMATION |
|-------------------|----------------|-----------------------------|
| | DOCUMENT # | P96000003312 |
| | NAME | SEMBLER RETAIL, INC. |
| | STREET ADDRESS | 5858 CENTRAL AVENUE |
| | CITY-ST-ZIP | ST. PETERSBURG, FL 33707 |
| | DOCUMENT # | |
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lied with the filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information also and they my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership execute the report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information suppl indicated on this report is true and accurate receiver or trustee empowered to

SIGNATURE:

CITY-ST-ZIP

TED NAME OF SIGNING GENERAL PARTNER

SHER