

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**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 - 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  
**20-0485487**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SHER, CRAIG H  
 5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

*BR*

7. Name and Address of New Registered Agent

Name **SEMBLER, GREGORY S.**  
 Street Address (P.O. Box Number is Not Acceptable)

**5858 CENTRAL AVENUE**

City **ST. PETERSBURG FL** Zip Code **33707**

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

*Gregory S. Sembler* **PRESIDENT**

**4-23-08**

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 # **P96000003312**  
 NAME **SEMBLER RETAIL, INC.**  
 STREET ADDRESS **5858 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600127452326**  
**04/30/08--01052--009 \*\*508.75**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

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:

*Ronald P. Wheeler* **RONALD P. WHEELER** **4/24/08** **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

FILED

08 APR 30 AM 8:38

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

