

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 29 PH 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001773		
1. Entity Name SEMBLER/GAETA NAPLES PARTNERSHIP #1, LTD.		

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

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0512869	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. \$10.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 9.00
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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 # NAME STREET ADDRESS CITY - ST - ZIP	A02000001116 SEMBLER FAMILY PARTNERSHIP #27, LTD. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	STREET ADDRESS CITY - ST - ZIP	
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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 SHER	4/22/04	727-384-6000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE