2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006 SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A03000001773 1. Entity Name SEMBLER/GAETA NAPLES PARNTERSHIP #1, LTD. 06 APR 27 PM 3: 48 Principal Place of Business Mailing Address **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0512869 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE 400074329964 05/10/06--01012--012 FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 A02000001116 DOCUMENT # NAME SEMBLER FAMILY PARTNERSHIP #27, LTD. STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL. 33707 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information subfilied 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:

STAPLE CHECK

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

ID TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

Daytime Phone #