2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # A03000001773** 07 APR 27 AM 8: 09 SEMBLER/GAETA NAPLES PARNTERSHIP #1, LTD. Principal Place of Business Mailing Address **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 2. Principal Place of Business - No P.O. Box # 3. Mailing Address BRSuite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LP CR2E003 (12/06) City & State City & State Applied For 4. FEI Number 20-0512869 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHER, CRAIG H **5858 CENTRAL AVENUE** Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 33707 Zip Code 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. A02000001116 DOCHMENT # STREET ADDRESS SEMBLER FAMILY PARTNERSHIP #27, LTD. NAME STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400**101**864234 05/08/07-01050-011-++508.75 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CiTY-ST-7iP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP **▲**Y-S7-7IP SOUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information sympled with his 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 nat 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