2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A0300001773 1. Entity Name SEMBLER/GAETA NAPLES PARNTERSHIP #1, LTD.					FILED 08 APR 30 AM 8: 36 TALLAHASSEE, FLORIDA			
Principal Place 5858 CENTRA ST. PETERSBU	Mailing Address 5858 CENTRAL AVENU ST. PETERSBURG, FL	=			TALLAHA	SSEE, FLORIDA		
2. Principal Pta	Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		02282008 Chg-l	.P CR2	E003 (12/06)		
City & State		City & State			4. FEI Number 20-0512869		Applied For Not Applicable	
Zip	Country	Zip	Country	′	5. Certificate of Status (Desired 🙇	\$8.75 Additional Fee Required	
SHER CRA	6. Name and Address of Current Registered Agent SHER, CRAIG H				7. Name and Address of New Registered Agent Name SEMBUER, GREGORY S.			
5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Street Address (P.O. Box Number is Not Acceptable) 5858 CE NTRAL AVENUE City ST. PETERS BURG FL Zip Code 707				
the obligation	8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent. SIGNATURE S					tate of Florida. I a	m familiar with, and accept	
Signature, typed or printed name of registered agent and bite 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 13. ADDRESS CHANGES ONLY								
NAME	NAME SEMBLER FAMILY PARTNERSHIP #27, LTD.			ADDRESS				
1 1	5555 525		CITY-ST-ZIP					
DOCUMENT # NAME			STREET	ADDRESS	9001	27 <u>42</u> 1	949	
STREET ADDRESS CITY-ST-ZIP	-ZIP		CITY-S	-si-zip 900127431849 04/30/0801050023 **508.7			3 **508.75	
DOCUMENT # NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP				
NAME			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP DOCUMENT			CITY-S	ST-ZIP				
NAME			STREET	ADDRESS				
			CITY-S	ST-ZIP		<u>. </u>		
NAME DOCUMENT			STREET	ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-S					
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 cath; 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Phone #								