2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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FILED **DOCUMENT # A03000001774** 07 APR 27 AM 8: 09 SEMBLER FAMILY PARTNERSHIP #31, LTD. SECRETARY OF STATE TALLAHASSEE.FLORIDA Principal Place of Business Mailing Address 5858 CENTRAL AVENUE **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 DO NOT WRITE IN THIS SPACE 03022007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 20-0512677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SHER, CRAIG H **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 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. orm; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P96000003312 DOCUMENT # SEMBLER RETAIL, INC. NAME STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-71P ST. PETERSBURG, FL 33707 DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # ained in Chanter 119 Florida Statutes NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP in this third does not qualify for the exemptions contained in Chapter 119, Fforida Statutes. I further certify that the information that mysignature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this perfort as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplie indicated on this report is true and accurate and that i or the receiver or trustee empowered to e SIGNATURE:

RINTED NAME OF SIGNING GENERAL PARTNER

SHER

CRAIG