2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
05 APR 29 PM 5:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001846

1. Entity Name
SEMBLER HOLDINGS III, LTD.

Principal Place of Business	Mailing Address
5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743 07	5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743 07

04092005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 33707 Country	Zip 33707 Country

4. FEI Number: 20-0545560 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$99.00	99.00

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	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	SEMBLER, MELVIN F 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743	STREET ADDRESS CITY-ST-ZIP	900054753809 05/19/05--01005--009 **150.00
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP	SEMBLER, BETTY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743	STREET ADDRESS CITY-ST-ZIP	
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STAPLE CHECK HERE

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: [signature] 4/12/05 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Melvin F. Sembler