2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED 07 APR 27 AM 8: 07 DOCUMENT # A03000001846 1. Entity Name SEMBLER HOLDINGS III, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business BK 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) Applied For 4. FEI Number 20-0545560 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG DO NOT WRITE **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33743 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. GENERAL PARTNER INFORMATION DOCUMENT # 05/09/07=F1050=008/44/08.75 NAME SEMBLER, MELVIN F STREET ADDRESS **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33743 CITY-ST-ZIF DOCUMENT / SEMBLER, BETTY \$ NAME STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-7IP ST. PETERSBURG, FL 33743 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

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 signafure 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 employered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER