

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A03000001846 1. Entity Name SEMBLER HOLDINGS III, LTD.						FILED 08 APR 30 AM 8:36 CLERK OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country				4. FEI Number 20-0545560			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743				7. Name and Address of New Registered Agent Name SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33707			
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 <i>[Signature]</i> 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>							
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			
DOCUMENT #	NAME			STREET ADDRESS			
NAME	SEMBLER, MELVIN F			CITY - ST - ZIP			
STREET ADDRESS	5858 CENTRAL AVENUE			CITY - ST - ZIP			
CITY - ST - ZIP	ST. PETERSBURG, FL 33743			STREET ADDRESS			
DOCUMENT #	NAME			CITY - ST - ZIP			
NAME	SEMBLER, BETTY S			STREET ADDRESS			
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CITY - ST - ZIP	ST. PETERSBURG, FL 33743			STREET ADDRESS			
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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 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/08 727-384-6000
 Date Daytime Phone #

MELVIN F. SEMBLER