


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

|  |   |
|--|---|
| <b>DOCUMENT # A04000000496</b><br>1. Entity Name<br>SEMBLER FAMILY PARTNERSHIP #34, LTD. |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707 | Mailing Address<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707 |
|--|--|

|  |                    |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

02282008 Chg-LP CR2E003 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-0933452 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |
|---|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|---|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>SHER, CRAIG H<br>5858 CENTRAL AVENUE<br>ST. PETERSBURG, FL 33707<br><br><i>BK</i> |
|--|

|   |
|---|
| 7. Name and Address of New Registered Agent<br>Name <u>SEMBLER, GREGORY S.</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>5858 CENTRAL AVENUE</u><br>City <u>ST. PETERSBURG FL</u> Zip Code <u>33707</u> |
|---|

|   |                     |
|---|---------------------|
| 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 <u><i>Gregory S. Sembler</i></u> <u>PRESIDENT</u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   | DATE <u>4-23-08</u> |

**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 #                      | P96000003312             | STREET ADDRESS           |  |
| NAME                            | SEMBLER RETAIL, INC.     | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 5858 CENTRAL AVENUE      |                          |  |
| CITY-ST-ZIP                     | ST. PETERSBURG, FL 33707 |                          |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          |                          |  |
| CITY-ST-ZIP                     |                          |                          |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          |                          |  |
| CITY-ST-ZIP                     |                          |                          |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                          |                          |  |
| CITY-ST-ZIP                     |                          |                          |  |
| DOCUMENT #                      |                          | STREET ADDRESS           |  |
| NAME                            |                          | CITY-ST-ZIP              |  |
| 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 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: <u><i>Ronald P. Wheeler</i></u> <u>RONALD P. WHEELER</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | Date <u>4-24-08</u> | Daytime Phone # <u>727-384-6000</u> |
|--|---------------------|-------------------------------------|

FILED  
 08 APR 30 AM 8:38  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE