## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYP

ED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A04000000497** SEMBLER FAMILY PARTNERSHIP #35, LTD. 06 APR 27 PM 4: N6 Principal Place of Business Mailing Address **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0933456 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 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, 2006, 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 12. DOCUMENT # P96000003312 SEMBLER RETAIL, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 CITY-ST-ZIP **600074330676** 05/10/06--01012--012 \*\*43687.50 DOCUMENT / NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP this ding does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that they signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership this peport as required by Chapter 620, Florida Statutes I hereby certify that the information supplied will indicated on this report is true and accurate and or the receiver or trustee empowered to