2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Due By May 1, 2007 FILED **DOCUMENT # A04000001907** 07 APR 27 AM 8: 13 FOG SEMBLER CAPITAL PR 3 LIMITED, S.E. BKSECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 03022007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1975497 Not Applicable \$8.75 Additional Certificate of Status Desired 致國共產黨 Fee Required 6. Name and Address of Current Registered Agent SEMBLER, GREGORY S 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 II 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 12. P97000081031 DOCUMENT # NAME TSCPR FLORIDA, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME \$\$\D\$X08X07-\$D1049-STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME **DO NOT WRITE** STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT 4 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information sopplied 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 furstee empowered to executefuls report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

PEO OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07

7*27-384-600*0

Daytime Phone #

CRAIG H. SHER