


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

<b>DOCUMENT # A04000001908</b> 1. Entity Name FOG SEMBLER CAPITAL PR 4 LIMITED, S.E.	
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**FILED**  
**08 APR 30 AM 8:38**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02282008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>20-1975509</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
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6. Name and Address of Current Registered Agent	
SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 <div style="text-align: center; font-size: 2em; margin-top: 20px;">B/K</div>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 # P97000081031 NAME TSCPR FLORIDA, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707	STREET ADDRESS CITY-ST-ZIP
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300127457223  
 04/30/08 01055-002 \*\*508.75

STAPLE CHECK HERE

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:**  **RONALD P. WHEELER** **4/22/08** **727-3846000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #