2008 LIMITED PARTNERSHIP ANNUAL REPORT

1. Entity Name SEMBLER HOL Principal Place of Bus 5858 CENTRAL AVEI		2100							
5858 CENTRAL AVE		DOCUMENT # A0400002100 1. Entity Name SEMBLER HOLDINGS IV, LTD.				FILED 08 APP 20 AV			
5858 CENTRAL AVE					08 APR 30 AM 8: 36				
Principal Place of Business 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707		Mailing Address 5858 CENTRAL AVEN ST PETERSBURG, FL			TALLAHASSEE, FLORIDA				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282008	Chg-LP	CR2EC	03 (12/06)	
City & State		City & State			4. FEI Number 20-2110			Applied Fo	
Zip	Country	Zip	Country			of Status Desired	汝	\$8.75 Additional Fee Required	
6. N	ame and Address of Curre	nt Registered Agent	Name		7. Name and	Address of New F			
SHER, CRAIG H 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			Name SEMBLER, GREGORY 5. Street Address (P.O. Box Number is Not Acceptable)						
									585
						City	57-1	PETERS	BURG
 The above named the obligations of re 		for the purpose of changing it	ts registered office	or registere	ed agent, or both	n, in the State of FI	orida. I am :	familiar with, and acc	
SIGNATURE								······································	
Signature,	typed or printed name of registered age						DATE		
		W!!! FEE IS \$500.00 2008, Fee will be \$90	00.00						
NC	A GENERAL PARTNER TE: General Partners N	THAT IS A BUSINESS E IAY NOT be changed on	NTITY MUST B	E REGIST	ERED AND A	CTIVE WITH TH	lis OFFICI	E. tner.	
12. GENERAL PARTNER INFORMATION			13.	, -	ADDRESS CHANGES ONLY				
DOCUMENT / SEMB	LER, MELVIN F		STREET ADDRES	s					
STREET ADDRESS 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707			CITY-ST-ZIP						
DOCUMENT / NAME SEMBLER, BETTY S STREET ADDRESS CITY-SI-ZIP ST PETERSBURG, FL 33707			STREET ADDRESS		30	01274	1331	33	
			CITY-ST-ZIP		300127433133 04/30/0801047018 **508.79			**508.75	
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STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			4- 4-			
 14. I hereby certify the indicated on this remains an extension. 	at the information supplied eport is true and accurate a	vith this filing does not qualify nd that my signature shall have te this report as required by C	for the exemption the same legal e	ns contained ffect as if ma	d in Chapter 119, ade under oath;	, Florida Statutes. that I am a Gene	I further cer ral Partner o	tify that the informati f the limited partners	
	and a see the see of the see of	to this count as requirembly C	maproi ozw, Fiorio	a Sialules					
SIGNATURE	· / NEUS	DR PRINTED NAME OF STGNING GENE	<u> </u>		4-24-0	B		-384-600 avime Phone #	