
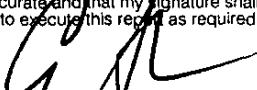


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A05000000180						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name SEMBLER FAMILY PARTNERSHIP #37, LTD.				06 APR 27 PM 4: 07			
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
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.							
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	100074330701		
STREET ADDRESS					05/10/06--01012--012 **43687.50		
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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: 				Craig Sher 4-10-06 727-384-6000			