

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A05000000368

1. Entity Name
TSCPR FAMILY PARTNERSHIP #8, LTD., S.E.



Principal Place of Business
**5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

Mailing Address
**5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

BK

FILED
 07 APR 27 AM 8:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

20-2355050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TSCPR FLORIDA, INC.
 5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707**

Name

SEMBLER GREGORY S.

Street Address (P.O. Box Number is Not Acceptable)

5858 CENTRAL AVENUE

City

ST. PETERSBURG FL

Zip Code

33707

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

Gregory S. Sembler

4-26-07

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2007, Fee will be \$900.00**

BK

**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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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:

Gregory S. Sembler

4-26-07

727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STATE CHECK HERE