


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FIELD
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 27 PM 4:09

DOCUMENT # A05000000446	
1. Entity Name SEMBLER FAMILY PARTNERSHIP #38, LTD.	

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04052006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-2425746	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P05000031019 SEMBLER RETAIL II, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	STREET ADDRESS CITY-ST-ZIP	900074330729 05/10/06--01012--012 ***43687.50
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Craig Sher

4-10-06

727-384-6000

STAPLE CHECK HERE