2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # A05000000446

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



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

SHER, CRAIG H

Mailing Address

DO:NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707



FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



03022007 No Chg-LP

CR2E003 (12/06)

	L ¢R	75	Additional
20-2425746		Г	Not Applicable
4. FEI Number			Applied For
4. FEI Number		Т	Applied For

5. Certificate of Status Desired

Fee Required

* DO NOT WRITE

5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 P05000031019 DOCUMENT # SEMBLER RETAIL II, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT ! NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST-ZIP DOCUMENT 6 NAME STREET ADDRESS

IN THIS SPACE

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 rute this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the information supplied indicated on this report is true ag or the receiver or trustee empo

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CITY - ST - ZIP DOCUMENT # NAME STREET ADDRESS