
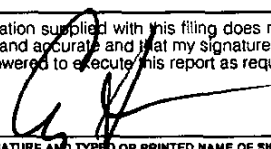


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 27 PM 4:09

<b>DOCUMENT # A05000000447</b> 1. Entity Name <b>SEMBLER FAMILY PARTNERSHIP #39, LTD.</b>					
Principal Place of Business <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>			Mailing Address <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2425800</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
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 #	P05000031039		STREET ADDRESS		
NAME	SEMBLER RETAIL II, INC.		CITY - ST - ZIP		
STREET ADDRESS	5858 CENTRAL AVENUE		<b>700074330747</b> <b>05/10/06--01012--012 **43687.50</b>		
CITY - ST - ZIP	ST. PETERSBURG, FL 33707		STREET ADDRESS		
DOCUMENT #			CITY - ST - ZIP		
NAME			STREET ADDRESS		
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STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			STREET ADDRESS		
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: 			Date: <b>4-10-06</b> Daytime Phone #: <b>727-384-6000</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE