2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007 DOCUMENT # A05000001124 FILED 1. Entity Name SEMBLER FAMILY PARTNERSHIP #41, LTD. 07 APR 27 AM 8: 08 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA **5858 CENTRAL AVENUE 5858 CENTRAL AVENUE** ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 33707 DO NOT WRITE IN THIS SPACE 03022007 No Chg-LP CR2E003 (12/06) 4. FEI Number Applied For 20-2968296 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SEMBLER, GREGORY S 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, typed or printed name of registered agent and title if applicable DATE FILE NOWI!! 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. 20010191959223 05708707-01047-012 **508 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION DOCUMENT # P05000031019 NAME SEMBLER RETAIL II, INC. 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 IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-\$T-ZIP DOCUMENT# NAME STREET ADDRESS CITY - ST - 71P DOCUMENT

supplied fifth this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information accurate fifth that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership to exempte this report as required by Chapter 620, Florida Statutes indicated on this report is true at or the receiver or trustee empoy 4-26-07 727-384-6000 SIGNATURE:

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

NAME STREET ADURESS CITY-ST-ZIP

14. I hereby certify that the information