2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A05000001571** 1. Entity Name SEMBLER BTS PARTNERSHIP #3, LTD. 07 APR 27 AM 8: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5858 CENTRAL AVE. 5858 CENTRAL AVE. 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 20-3294119 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE SHER, CRAIG H 5858 CENTRAL AVE. 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 200101858802 05/08/07--01047--003 ***50 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable 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, emenument must be flied to change a general partner. 12. GENERAL PARTNER INFORMATION P05000031019 DOCUMENT # NAME SEMBLER RETAIL II, INC. STREET ADDRESS 5858 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY-\$1-ZIP DOCUMENT A DO NOT WRITE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP pelied with polied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information up ate and the my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership because the sequired by Chapter 620, Florida Statutes I hereby certify that the information indicated on this report is true and or the receiver or trustee empowered

CRAIG H. SHER

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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SIGNATURE: