2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	DOCUMENT # A0500001866 1. Entity Name SEMBLER FAMILY PARTNERSHIP #43, LTD.					FILED 08 APR 30 AM 8: 36 CALLAHASSEE, FLORIDA		
<u>[</u>	Principal Place of Business Mailing Address 5858 CENTRAL AVE. 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 3		3707					
_	Principal Place of Business - No P.O. Box # 3. Mailing Address							
-	Suite, Apt. #, etc.		Suite, Apt. #, etc.			02282008 Chg-LP	CR2E003	(12/06)
	City & State		City & State			4. FEI Number 20-3582789		Applied For Not Applicable
	Zip Country		Zip Cou		try	5. Certificate of Status Desired		3.75 Additional Required
	8. Name and Address of Current Registered Agent SHER, CRAIG 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707		,	7. Name and Address of New Registered Agent Name SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) AVENUE City ST, PETERSBURG FL 33707				
	8. The above named entity submits this statement for the purpose of changing its the obligations of registered agent. SIGNATURE Sprature, typed or printed name of registered agent and title if applicable.			register	ed office or register			illiar with, and accept
-	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
Ĺ	NOTE: General Partners MAY NOT be changed on the					nt must be filed to change a	general partne	er.
}	12.	GENERAL PARTN P05000031019	ER INFORMATION	13.		ADDRESS CI	HANGES ONLY	
	NAME STREET ADDRESS	SEMBLER RETAIL II, INC. 5858 CENTRAL AVE.			EFT ADDRESS			
	CITY-ST-ZIP			CITY	-ST-ZIP			
	DOCUMENT ≠ NAME			STRE	EET ADDRESS			
 	STREET ADDRESS City-St-Zip				-ST-ZIP			
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	STREET ADDRESS CITY-ST-ZIP				-SI-ZIP	10.544		
	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: SIGNATURE AND TYPED DE PRINTED NAME OF SIGNING GENERAL PARTNER Daving Proof 8							