

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

**DOCUMENT # A05000001941**

1. Entity Name  
TSCPR WG PARTNERSHIP #2, LTD., S.E.



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

Mailing Address  
**5858 CENTRAL AVENUE**  
**ST. PETERSBURG, FL 33707**

*BK*

**FILED**  
**07 APR 27 AM 8:12**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

**20-3677794**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**TSCPR FLORIDA, INC.**  
**5858 CENTRAL AVENUE**  
**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)

**5858 CENTRAL AVENUE**

City **ST. PETERSBURG FL** Zip Code **33707**

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 *Gregory S. Sembler*  
Signature, typed or printed name of registered agent and title if applicable.

**4-26-07**  
DATE

*BK*

**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**

DOCUMENT # **P97000081031**  
NAME **TSCPR FLORIDA, INC.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**500101862539**  
**05/08/07--01049--006 \*\*508.75**

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: *Gregory S. Sembler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-26-07** **727-384-6000**  
Date Daytime Phone #

STATE OF FLORIDA