

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001998

1. Entity Name
SEMBLER GBAP PARTNERSHIP #1, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 27 PM 3:48

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



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04052006 Chg-LP CR2E003 (11/05)

City & State City & State

4. FEI Number Applied For
20-3719931 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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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 # **P05000031019**
 NAME **SEMBLER RETAIL II, INC.**
 STREET ADDRESS **5858 CENTRAL AVENUE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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: Craig Sher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-10-06 727-3846000

STAPLE CHECK HERE