2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	DOCUMENT # A0500002186 1. Entity Name SEMBLER WINTER GARDEN PARTNERSHIP #1, LTD.				08	APR 30 AM 8: 36
	Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		FALLAHASSEE, FLORIDA	
	Principal Place of Business - No P.O. Box # Mailing Address			<u> </u>		
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02282008 Chg-LP	CR2E003 (12/06)
ŀ	City & State	City & State	City & State		4. FEI Number 20-3961906	Applied For Not Applicable
	Zip Country	Zip	Countr	у	5. Certificate of Status Desired	\$8.75 Additional Fee Required
ļ	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
-	SHER, CRAIG H			Street Address (P.O. Box Number is Not Acceptable)		
	5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		<u> </u>			
1			-	585 City 5720	8 CENTRAL	AVENUE
				<u> </u>	ETERS BURG	FL 33507
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 fathe obligations of registered agent.					/ // . //	
	SIGNATURE Signature, typed or printed fame of registered agent and title if applicable. PRESIDENT 9/24/08 DATE					DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
ļ	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.					
ŀ	12. GENERAL PARTNER INFORMATION			an amendmen	ADDRESS CHA	
ļ	DOCUMENT / P05000031019 NAME		STREET	T ADDRESS		
			CITY-S	ST-ZIP	2001274 04/30/0801050	431082 020 **508.75
	DOCUMENT # NAME	-	STREE	1 ADDRESS		
	STREET ADDRESS SITY-ST-ZIP		City-s	ST-ZIP		
	DOCUMENT # NAME		STREE	T ADDRESS		
İ	STREET ADDRESS CITY-S1-ZIP		CATY-S	ST-ZIP		
	DOCUMENT # NAME		STREE	T ADDRESS		
HERE	SITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS		CITY-S	ST-ZIP		
CHECK H			STREE	T ADDRESS		
			CHY-S	ST-ZIP		
STAPLE			STREET	T ADDRESS		
			CITY-5	ST-ZIP		
	4. 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 seport as required by Chapter 620, Florida Statutes					