


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 APR 27 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A06000000356					
1. Entity Name SEMBLER FAMILY PARTNERSHIP #45, LTD.					
Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728			Mailing Address 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address BK		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4520536	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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 AVE. ST. PETERSBURG, FL 33707-1728				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	SEMBLER RETAIL II, INC. 5858 CENTRAL AVE. ST. PETERSBURG, FL 337071728			STREET ADDRESS	BK
NAME					
STREET ADDRESS					
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS	500101866385 05/08/07--01051--023 **508.75
NAME					
STREET ADDRESS					
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY-ST-ZIP	CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS	
NAME					
STREET ADDRESS					
CITY-ST-ZIP	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 H. SHER				4-26-07 727-384-6000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE