2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	DOCUMENT # A0600000356 1. Entity Name SEMBLER FAMILY PARTNERSHIP #45, LTD.					F	LED	
						08 APR 30 AM 8: 36		
Ì						r 1 714 1 1 21	T 186 5	
	Principal Place of Business Mailing Address					TALLAHASS	EE. FI OR	IE Ina
	5858 CENTRAL AVE. 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728 ST. PETERSBURG, FL 33				1728		2011	ЮД
						 		. (111 1114 1115) 11 12
	Principal Place of Business - No P.O. Box # Address							6 71187 81178 8741817 94 7881
ŀ	Suite, Apt.	Suite, Apt. #, etc.	e, Apt. #, etc.		02282008 Chg-LP	CR2E00	3 (12/06)	
	City & State		City & State		4. FEI Number 20-4520536		Applied For Not Applicable	
f	Zip Country		Zip	Zip Country		5. Certificate of Status Desired	× × ×	8.75 Additional ee Required
-	6. Name and Address of Current Registered Agent				I	7. Name and Address of New	Registered A	gent
	SHER, CRAIG				Name SEMBLER, GREGORY S. Street Address (P.O. Box Number is Not Acceptable)			
	5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728		1/61					
					- ·	8 CENTRAL		
	/ */				City ST.	PETERSBUR	<u></u> FL	2in Code 707
	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 acceptable of the obligations of registered agent.							/
ĺ	SIGNATURE Skyon > Dearth.				RESIDE	3 UT	4-23	-08
ŀ	Signature, typed or provide name of registered agent and title if applicable. DATE DATE							
	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 REGISTE NOTE: General Partners MAY NOT be changed on the form; an amendment							
t	12. GENERAL PARTNER INFORMATION			13.			HANGES ONL	
	DOCUMENT # NAME	I			EET ADDRESS			
	STREET ADDRESS				Y-ST-ZIP			
-	CITY-ST-ZIP					900127 04/30/080109	4350	179 **508.75
	DOCUMENT / NAME				EET ADDRESS	U4750786==0183	52UU1	**5U0.13
_	STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
	DOCUMENT # NAME			STR	EET ADDRESS			
	STREET AODRESS CITY-ST-ZIP			CIT	Y-ST-ZIP			
	DOCUMENT #			STR	EET ADDRESS			
HE.	STREET ADDRESS CITY-ST-ZIP			CIT	Y·SI-ZIP			
CHECK HERE	DCCUMENT # NAME			STR	REET ADDRESS			
	STREET ADDRESS CITY-ST-ZIP			CIT	Y-SI-ZIP			
STAPLE	DOCUMENT #			STR	IEET ADDRESS			
S	STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	***************************************		
j	14. I hereby certify that the information supplied with this filling 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 par or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							ify that the information the limited partnership
	$\mathcal{M}_{\mathcal{M}_{\mathcal{M}_{\mathcal{M}}}}$							
	SIGNAT	SIGNATURE:				ER 4-24-08	לכ ל	384-6000
. 1		SIGNATURE AND TYPE	OR PRINTED NAME OF SIGNING GE	NERAL PARTN	ER	Date	Oa	ytime Phone #