


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

<b>DOCUMENT # A06000000463</b>				<b>FILED</b> <b>APR 27 AM 8:09</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
1. Entity Name <b>SEMBLER FAMILY PARTNERSHIP #46, LTD.</b>		Principal Place of Business <b>5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728</b>		Mailing Address <b>5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>SEMBLER, GREGORY S 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT #	NAME	STREET ADDRESS			
NAME	<b>SEMBLER RETAIL II, INC.</b>	CITY-ST-ZIP			
STREET ADDRESS	<b>5858 CENTRAL AVE.</b>				
CITY-ST-ZIP	<b>ST. PETERSBURG, FL 337071728</b>				
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STREET ADDRESS					
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: _____ <b>CRAIG H. SHER</b>		Date <b>4-26-07</b> Daytime Phone <b>727-384-6000</b>			