


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000000596 1. Entity Name TSCPR FAMILY PARTNERSHIP #10, LTD., S.E.	
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Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728	Mailing Address 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
 08 APR 30 AM 8:36
 TALLAHASSEE, FLORIDA



02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-4924106	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent	
SHER, CRAIG 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707-1728 <div style="font-size: 2em; margin-left: 200px;">BK</div>	

7. Name and Address of New Registered Agent	
Name <u>SEMBLER, GREGORY S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5858 CENTRAL AVENUE</u> City <u>ST. PETERSBURG</u> FL <u>33707</u>	

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 <u><i>Gregory S. Sembler</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>4-24-08</u>

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 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 # NAME STREET ADDRESS CITY-ST-ZIP P97000081031 TSCPR FLORIDA, INC. 5858 CENTRAL AVE. ST. PETERSBURG, FL 337071728	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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: *Ronald P. Wheeler* **RONALD P. WHEELER** 4/24/08 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #