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(Requestor's Name)				
(Address)				
(Address)				
(City	/State/Zip/Phone	; #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				
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Office Use Only



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1NC. P.O. Box 37066 (3	986 East 6th Avenue - Pallahassee, Florida 9 9815-7066) - (850) 982-2666 at (800) 96	
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MITTING	Hd	
Semble Tyre RORPORATENAME AND DOCU	one Gardens Partne	ship #1, 41d.
	IMENT IN	ship #/, 41d.
TCORPORATE NAME AND DOCT	IMENT IN	ship #/, 401.
CORPORATE NAME AND DOCI	IMENT IN	ship #/, 401.
CORPORATE NAME AND DOCE	IMENT II)	(ship #/, 410).

CERTIFICATE OF LIMITED PARTNERSHIP FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

TALLER TO THE TO

1. Sembler Tyrone Gardens Partnership #1, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.P. or LLLP.

2. 5858 Central Avenue
(Street address of initial designated office)
St. Petersburg, FL 33707
Craig Sher
(Name of Registered Agent for Service of Process)
5858 Central Avenue
(Florida street address for Registered Agent)
St. Petersburg, FL 33707
5. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. and I am familiar with and accept the obligations of my position as registered agent. Signalure of Registered Agent
5. 5858 Central Avenue
(Mailing address of initial designated office)
St. Petersburg, FL 33707
7. If limited partnership elects to be a limited liability limited partnership, check box

8. Name and business address of ea Name:		l partner: Business Address:	
Sembler Retail II, Inc.		5858 Central Avenue	
P05000031019		St. Petersburg, FL 33707	
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9. Effective date, if other than the date of	filing: J	une 7, 2006	
(Effective date cannot be prior to no filed by the Florida Department of		an 90 days after the date the document is	
Signed this 6th day of	of June	, 2006	
Signature of each general partner:			
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.0 \$52.50 \$8.75 Page 2	00 (\$965 Filing Fee and \$35 Registered Agent Fee)	