


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

<b>DOCUMENT #A06000000771</b> 1. Entity Name <b>SEMBLER FAMILY PARTNERSHIP #47, LTD.</b>	
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Principal Place of Business <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>	Mailing Address <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>BK</b>
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent	
<b>SHER, CRAIG</b> <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>	

FILED

07 APR 27 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03022007    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>20-5042252</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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 #	P05000031019	STREET ADDRESS	
NAME	SEMBLER RETAIL II, INC.	CITY-ST-ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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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: \_\_\_\_\_ **4-26-07 727-384-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

**CRAIG H. SHER**

STAPLE CHECK HERE