


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A06000001220 1. Entity Name SEMBLER CREEKSIDE PARTNERSHIP #1, LTD.	
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Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
 08 APR 30 AM 8:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-5767482	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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Handwritten signature/initials

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, 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	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: *[Signature]* **VICE PRESIDENT** 4-22-08 727-3846000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #
RONALD P. WHEELER