


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 APR 27 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A06000001459		
1. Entity Name SEMBLER DAWSONVILLE, LTD.		
Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707	Mailing Address 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707	BK



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		03022007	Chg-LP	CR2E003 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 20-8488741	Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEMBLER, GREGORY S 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 BK DATE _____

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 # NAME STREET ADDRESS CITY - ST - ZIP	P05000031019 SEMBLER RETAIL II, INC. 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707	STREET ADDRESS CITY - ST - ZIP	300101858679 05/08/07--01047--001 **508.75
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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: CRAIG H. SHER
SIGNATURE TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07 727-384-6000
Date Daytime Phone #

STAPLE CHECK HERE