## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998

SEMBLER FAMILY PARTNERSHIP #1, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A10628

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97 DEC 15 PM 2: 20

SECRETARY OF STATE TALLAHASSEE FLORIDA



| Mailing Address  | Principal Office Address   | 3. Date Formed or Registered  | <b>5a.</b> Capital Contributions as Shown on record.                                      |
|--|--|---|---|
| P.O. BOX 41847   | 5858 CENTRAL AVE   | 06/10/1981  | 40.000.00   |
| ST, PETERSBURG FL 33743  | ST. PETERSBURG FL 33743  | 38. Date of Last Report   | \$8,000.00  |
| ,•   |  | 01/07/1997  | 5b. Amount of Capital<br>Centributions in FLORIDA   |
|  |  | 4. State or Country of Formation  | to date   |
| 2. Malling Address   | 28. Principal Office Address   | FL.   |   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  | 6, FEI Number   | ☐ Applied For   |
| City & State   | City & State   | 59-2384280  | Not Applicable  |
| Country  | Zip Country  | 7. Certificate of Status Desired  | \$8.75 Additional<br>Fee Required   |
| <b>Žip</b> Country   | <sup>2  </sup> 33707   | 8. Make check payable to: Dept. c   | f State (See reverse side for fee information   |
| 9. Name and Address of Cu  | rrent Registered Agent   | 10. If changed, now Register  | ed Agent/Office   |
|  | Namo   | Sher. Craia H.  |   |
| <b>SEMBLER ENTERPRISES INC.</b>  | Street A   | ddress (P.O. Box Number Is Not Acceptable)  | ,   |
| 5858 CENTRAL AVE.  |  | 5858 Central A  | wenue   |
| ST. PETERSBURG FL 33707  | Su-te, A <sub>l</sub>  | pt. #, etc  |   |
|  | City   | St Peterbur   | FL 33107  |
| 10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obliging | ce or registered ager, or thath, in the State of Florida. Such c         | arinership organized or registored under the waws of<br>change was authorized by its general partner(s). I he | the State of Florida, submits this statement<br>reby accept the appointment of registered |
| SIGNATURE (Registered Agent Accepting Appointmen   | Very off   |   | 12/10/97  |
| A GENERAL PARTNER THA  | AT IS A CORPORATION, LIMITE<br>JST BE REGISTERED AND ACT                 | D PARTNERSHIP OR OTH  | ER BUSINESS ENTITY  |
| 11. Name(s) of General Partner(s)  | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers | 11b. City, State & Zip Code   | 11c. Registration/<br>Document Number   |
| SEMBLER ENTERPRISES, INC.  | 5858 CENTRAL AVENUE  | ST. PETERSBURG FL   | V25013  |
|  | 156.00<br>500 158.50<br>103.75<br>108.50                                 | 400002<br>-12/19<br>-12/19<br>****1   | 3782242<br>/9701032017<br>68.50 ****1 <b>6\$.50</b>                                       |
|  | Of be changed on this form, and  |   |   |
| 12. 1 do hereby certify that the information supplied  | with this filing is voluntarily furnished and does not qualify for       | r the exemption stated in Section 119.07(3)(k), Florid  | a Statutes. I release the Division of   |

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate in that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report a required by chapter 620 for its Statutes.

SIGNATURE >

Typed or Printed Name of General Partner Signing Form

oug Sher, Preside

DATE 12/10/97
UMBOR 873-384-600