# 2005 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2005

FILED
05 APR 29 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A10628

1. Entity Name
SEMBLER FAMILY PARTNERSHIP #1, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| 5858 CENTRAL AVE<br>ST. PETERSBURG, FL 33707 | P.O. BOX 41847<br>ST. PETERSBURG, FL 33743-1847 |

04092005 Chg-LP CR2E003 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-2384280 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

SHER, CRAIG
5858 CENTRAL AVE.
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

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.

| 9. Capital Contributions as Shown on record. | $8,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | |
|---|---|---|---|

**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 # | V25013 | STREET ADDRESS | |
| NAME | SEMBLER ENTERPRISES, INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 5858 CENTRAL AVENUE | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 800054870718 |
| NAME | | CITY-ST-ZIP | 05/19/05--01090--014 **153.50 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** _____ 4/19/05 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CRAIG SHER, PRESIDENT