


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

**FILED**  
05 APR 29 PM 5:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A22675  
1. Entity Name  
HOME DEPOT PLAZA ASSOCIATES, LTD.



Principal Place of Business  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

Mailing Address  
P.O. BOX 41847  
ST. PETERSBURG, FL 33743-1847

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04092005 Chg-LP CR2E003 (10/03)

4. FEI Number  
59-2708250

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H  
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

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 \$744,485.00

10. Amount of Capital Contributions in FLORIDA to date. 0.00

**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

|                |                           |
|----------------|---------------------------|
| DOCUMENT #     | V25013                    |
| NAME           | SEMBLER ENTERPRISES, INC. |
| STREET ADDRESS | 5858 CENTRAL AVENUE       |
| CITY-ST-ZIP    | ST. PETERSBURG, FL 33707  |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |
| DOCUMENT #     |                           |
| NAME           |                           |
| STREET ADDRESS |                           |
| CITY-ST-ZIP    |                           |

13. ADDRESS CHANGES ONLY

|                |                               |
|----------------|-------------------------------|
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS | 500054758065                  |
| CITY-ST-ZIP    | 05/19/05--01009--015 **150.00 |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |
| STREET ADDRESS |                               |
| CITY-ST-ZIP    |                               |

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: Craig Sher 4/19/05 727-384-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CRAIG SHER, PRESIDENT

STAPLE CHECK HERE