


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 27 PM 4:35

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
--	--

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LP CR2E003 (11/05)

4. FEI Number 59-2708250	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

SHER, CRAIG H
5858 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

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, 2006, 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	
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	

200074331452
05/10/06--01012--012 **43687.50

DO NOT WRITE IN THIS SPACE

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: Craig Sher Date: 4-10-06 Daytime Phone #: 727-384-6000