


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

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



FILED  
08 APR 30 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

02282008 Chg-LP CR2E003 (12/06)

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**

*PK*

7. Name and Address of New Registered Agent  
Name **SEMBLER, GREGORY S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**5858 CENTRAL AVENUE**  
City **ST. PETERSBURG FL** Zip Code **33707**

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 *Gregory S. Sembler* **PRESIDENT** DATE **4-23-08**

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000127458160
CITY-ST-ZIP	04/30/08--01055--006 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 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: *Ronald P. Wheeler* **VP.** DATE **4/24/08** DAYTIME PHONE # **727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**RONALD P. Wheeler**