
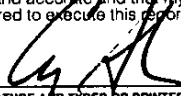


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

DOCUMENT # A28085			
1. Entity Name SEMBLER FAMILY PARTNERSHIP #2, LTD.			
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847	
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 59-2936014		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04092005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$990.00		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 # NAME STREET ADDRESS CITY - ST - ZIP	V25013 SEMBLER ENTERPRISES, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	800054755898 05/19/05--01005--026 **150.00
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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: 		Date 4/19/05 Daytime Phone # 727-384-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CRAIG SHER, PRESIDENT			

STAPLE CHECK HERE