## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **Due By May 1, 2006** SECRETARY OF STATE **DOCUMENT # A28426** DIVĬŠĬŎŇ ĎF COŘPOŘÁŤIŎNS 1. Entity Name SEMBLER FAMILY PARTNERSHIP #7, LTD. 05 APR 27 PM 3: 52 Principal Place of Business Mailing Address 5858 CENTRAL AVE. % THE SEMBLER COMPANY ST. PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2970656 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE 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. GENERAL PARTNER INFORMATION 12. V25013 DOCUMENT # NAME SEMBLER ENTERPRISES, INC. STREET ADDRESS 5858 CENTRAL AVE. 500074330195 05/10/06--01012--012 \*\*43687.50 CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS City-ST-ZIP ODCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with his filling loes 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:

CHECK

STAPLE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER