2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

FILED DOCUMENT # A28426 08 APR 30 AM 8: 35 SEMBLER FAMILY PARTNERSHIP #7, LTD. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address % THE SEMBLER COMPANY 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02282008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4 FEI Number 59-2970656 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent SHER, CRAIG H 5858 CENTRAL AVE. Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG, FL 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 registed PRESIBENT SIGNATURE 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY V25013 DOCUMENT # STREET ADDRESS NAME SEMBLER ENTERPRISES, INC. STREET ADDRESS 5858 CENTRAL AVE. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - 400127464064 04/30/08--01055--025 **50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT € STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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