

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN -7 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2/1/14

1. Name of Limited Partnership SEMBLER E.D.P. PARTNERSHIP #1, LTD.		1a. DOCUMENT # A95000000504	
Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707		Principal Office Address 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 03/30/1995	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 01/02/1996	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FFL Number APPLIED FOR 59-3327383	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SEMBLER CENTERS, INC. 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City	FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SEMBLER CENTERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5858 CENTRAL AVENUE	11b. City, State & Zip Code ST. PETERSBURG FL 337	11c. Registration/Document Number V38264
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 129, Florida Statutes.

SIGNATURE ✓

Craig Sher

DATE _____

Typed or Printed Name of General Partner Signing Form

**Craig Sher, President
of Sembler Centers, Inc.**

Daytime Telephone Number

813-384-6000