2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A96000000086** SEMBLER E.D.P. PARTNERSHIP #4, LTD. 06 APR 27 PM 4: 14 Principal Place of Business Mailing Address 5858 CENTRAL AVENUE P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3368672 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 AVENUE** 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 Florida. I am familiar with, and accept the obligations of registered agent. 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. DOCUMENT # P96000003312 SEMBLER RETAIL, INC. NAME STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707 **300074330943** 05/10/06--01012--012 ***43687.50 DOCUMENT # NAME STREET ADDRESS CiTY-ST-7iP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

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 accdrate and thurny 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

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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384-4000 Daviline Phone #