FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SEMBLER FAMILY PARTNERSHIP #11, LTD.



Zip

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Zip

DOCUMENT# A96000000393

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 30 PM 1:50

8. Make check payable to: Dept. of State (See reverse side for fee information)

		1 100(0)/ 10(3) 10(10 0)(1)	##114 ##111 ##111 ##111 ##11# ##11# ##16# ff#f
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
5858 CENTRAL AVENUE	5858 CENTRAL AVENUE	02/28/1996	£400.00
ST. PETERSBURG FL 33707	ST. PETERSBURG FL 33707	3a. Date of Last Report	\$100.00
		12/15/1997	5b. Amount of Capital
		4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For
City & State	City & State	59-3368673	Not Applicable
		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zin Country	Zip Country	· · · · · · · · · · · · · · · · · · ·	▶ Lea Leduiled

 Name and Address of Current Registered Agent 	10.	If changed, new Registered Agent/Office
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	Street Address (P.O. Box Number Sulte, Apt. #, etc.	s Not Acceptable)
	City	FL Zip Code
10a Pursuant to the provisions of sections 620,1051 and 620,192. Florida Statutes, the ab	ove-named limited partnership organized or regi	stered under the laws of the State of Florida, submits this statement

Country

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)

Country

DATE

A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Document Number
SEMBLER RETAIL, INC.	5858 CENTRAL AVENUE	ST. PETERSBURG FL 337 0 1	P96000003312
		5000027 -01/08/ ****15	351050 9901093014 0.00 ****150.00

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 personneliance 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 upon a required by mapier 620. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partne