

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A96000000394**

1. Entity Name  
**SEMBLER FAMILY PARTNERSHIP #12, LTD.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 27 PM 3:53

Principal Place of Business  
**5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

Mailing Address  
**P.O. BOX 41847  
ST PETERSBURG, FL 33743-1847**

**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3368690**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SHER, CRAIG H  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707**

**DO NOT WRITE  
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

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.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **P96000003312**  
NAME **SEMBLER RETAIL, INC.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

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**100074330211**  
**05/10/06--01012--012 \*\*43687.50**

**DO NOT WRITE  
IN THIS SPACE**

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE