## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A9600000394				FILED
1. Entity Name SEMBLER FAMILY PARTNERSHIP #12, LTD.			08 APR 30 AM 8: 35	
Principal Place of Business Mailing Address		2007	JUNE I ANT UF STATE	
5858 CENTRAL AVENUE P.O. BOX 41847			TALLAHASSEE, FLORIDA	
ST. PETERSBURG, FL 33707 ST PETERSBURG, FL 33			3743-1847	
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Principal Place of Business - No P.O. Box #     Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282008 Chg-LP CR2E003 (12/06)
City & State		City & State		4. FEI Number Applied For 59-3368690 Not Applicable
Zip	Country	Zìp	Country	Certificate of Status Desired     \$8.75 Additional     Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
SHER CR	AIG H		Name 5	EMBLER GREGORY S.
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				(P.O. Box Number is Not Acceptable)
			EDED OF THE ALL ALEMENT	
			5858 CENTRAL AVENUE	
5/1PETERS BURG 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 registered agent.				
SIGNATURE Shyon Dembly. PRESIDENT 4/23/08				
Signature, typed or perfed name of egistered agent and title if applicable.				
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.				
12. GENERAL PARTNER INFORMATION 13.				ADDRESS CHANGES ONLY
DOCUMENT #	P9600003312		STREET ADDRESS	
NAME STREET ADDRESS	SEMBLER RETAIL, INC. 58 5858 CENTRAL AVENUE			
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	500127464475
NAME STREET ADDRESS			CITY-ST-ZIP	04/30/0801057001 **508,75
CITY-ST-ZIP DOCUMENT			GITT-31-20	
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STREET ADORESS CITY-ST-ZIP			CITY-ST-ZIP	
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DOCUMENT #			STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			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 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: /// RONALD P. WHEELER 4/24/08 727-384-6000				
SIGNATURE: KONALD P. WITEEUSC 9739108 727-389-6000  SIGNATURE and TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  Date  Dayline Phone #				