


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 APR 29 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001461 1. Entity Name SEMBLER FAMILY PARTNERSHIP #13, LTD.	
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Principal Place of Business 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707	Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03052004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3399813

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 AVE. ST. PETERSBURG, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$916,740.00	10. Amount of Capital Contributions in FLORIDA to date. \$99.00
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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 #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL, INC.	CITY-ST-ZIP	
STREET ADDRESS	5858 CENTRAL AVE.		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #		STREET ADDRESS	800036998758
NAME		CITY-ST-ZIP	05/21/04--01079--024 **150.00
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: CRAIG SHER 4/22/04 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE