

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 PM 5:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001461					
1. Entity Name SEMBLER FAMILY PARTNERSHIP #13, LTD.					
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		
2. Principal Place of Business		3. Mailing Address		 04092005 Chg-LP CR2E003 (10/03) 4. FEI Number 59-3399813 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$916,740.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00			
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 #	P96000003312		STREET ADDRESS		
NAME	SEMBLER RETAIL, INC.		CITY - ST - ZIP	800054756138	
STREET ADDRESS	5858 CENTRAL AVE.			05/19/05 01005 030 **150.00	
CITY - ST - ZIP	ST. PETERSBURG, FL 33707				
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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: 			4/19/05 727-384-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

CRAIG SHER, PRESIDENT

STAPLE CHECK HERE