2007 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

Due By May 1, 2007 FILED **DOCUMENT # A96000001461** 1. Entity Name SEMBLER FAMILY PARTNERSHIP #13. LTD. 07 APR 27 AM 8: 10 SECRETARY OF STATE BK TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 5858 CENTRAL AVE. % THE SEMBLER COMPANY ST. PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 DO NOT WRITE IN THIS SPACE 03022007 No Chg-LP CR2E003 (12/06) 4 FEI Number Applied For 59-3399813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE 5858 CENTRAL AVE. ST. PETERSBURG, FL 33707 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. DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 be tiled to change a general partner. 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P96000003312 NAME SEMBLER RETAIL, INC. STREET ADDRESS 5858 CENTRAL AVE. CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP d with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information e 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 acute has report as required by Chapter 620, Florida Statutes I hereby certify that the information supplied indicated on this report is true and accurate. or the receiver or trustee empowers

TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER