

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

541.25

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 FEB 27 PM 2:22



1. Name of Limited Partnership	1a. DOCUMENT # A96000001464
SEMBLER E.D.P. PARTNERSHIP #6, LTD.	

Mailing Address: 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	Principal Office Address: 5858 CENTRAL AVE. ST. PETERSBURG FL 33707
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/06/1996	5a. Capital Contributions as Shown on record. \$100.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. \$113,850.00
4. State or Country of Formation FL	6. FEI Number 59-3400036
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVE. ST. PETERSBURG FL 33707	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) SEMBLER RETAIL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5858 CENTRAL AVE.	11b. City, State & Zip Code ST. PETERSBURG FL 337	11c. Registration/Document Number P05000003312
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE DATE _____
Typed or Printed Name of General Partner Signing Form Craig Sher, President Daytime Telephone Number 813-384-6000
Sembler Retail, Inc.

CR2E003 (6/96)