2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT #A9600002483					F1	LED	
1. Entity Name					OR ADD A-		
SEMBLER HOLDINGS, LTD.		18			08 APR 30	AM 8	3: 36
		1	No. of the last of				, J•
Principal Place of Business	Mailing Address			Ī,	ALLAHASSI	101 SI	Alf
5858 CENTRAL AVENUE P.O. BOX 41847					AUM 221	=E, FL(DRIDA
ST. PETERSBURG, FL 33707 ST. PETERSBURG, FL 337		33743-184	17				
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Principal Place of Business - No P.O. Box # 3. Mailing Address							
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Suite, Apt. #, etc. Suite, Apt. #, etc.				02282008	Chg-LP	CR2E	(12/06)
City & State City & State				4. FEI Numbe			Applied For
ony a oldio	Ony a class	ony a diale		59-3432			Not Applicable
Zip Country	Zip	Country		·	of Status Desired	W	\$8.75 Additional
						_~	Fee Required
6. Name and Address of Current Registered Agent			Nama	7. Name and	Address of New	Registered	Agent
SEMBLER, MELVIN F 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		/ '	/ Name				
		/ [3	Street Address (P.O. Box Number is Not Acceptable)				
		\ ⊢					
	V '1						
•		7	City			F	L Zip Code
8. The above named entity submits this statement	for the purpose of changing its	s registered	office or register	ed agent, or bot	n, in the State of F	lorida. Lan	n familiar with, and accept
the obligations of registered agent.							
SIGNATURE							
Signature, typed or printed name of registered ag	ent and title if applicable.					DATE	
	OWIII FEE IS \$500.00						
	, 2008, Fee will be \$90		T DC DEGIOT	**************************************		US OFFI	
NOTE: General Partners	R THAT IS A BUSINESS EN MAY NOT be changed on t						
	NER INFORMATION	13.			ADDRESS CH		
DOCUMENT #		STREET A	NOORESS				
NAME SEMBLER, MELVIN F STREET ADDRESS 5858 CENTRAL AVENUE	BLER, MELVIN F						
STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707	1 CTY-ST-ZIP		-ZIP				
DOCUMENT!				10	10127°	432	651
NAME SEMBLER, BETTY S		STREET A	DDRESS	04/30/	/080104	7016	651 **508.75
STREET ADDRESS 5858 CENTRAL AVENUE		City-St-	710				
CITY-ST-ZIP ST. PETERSBURG, FL 33707	· - <u></u>	GITT-GIT-EII					<u></u>
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP			ZIP				
CITY-S1-ZIP	11 01 PU	<u></u>	<u>ll</u>				
 I hereby certify that the information supplied indicated on this report is true and accurate a or the receiver or trustee empowered to execu- 	with this filling does not qualify not that my sighature shall have	for the exemele	nptions contained gal effect as if m	d in Chapter 119 lade under oath), Florida Statutes that I am a Gene	. I turther c eral Partner	ertity that the information of the limited partnership
or the receiver or trustee empowered to execu-	ite this report as required by Ch	hapter 620, F	Florida Statutes				
() () () () () () () () () ()	h h h h h h	/ \		,,	24-08		27-384-600
SIGNATURE! / / Lydy J	4. (XZMX)	<u>~</u>		4-6	x y-U d		1-387-000
SIGNATURE AND TYPED	OR PRINTED MAINE OF STGNING GENER	RAL PARTNED			Date		Daytime Phone #