2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A97000001581** SEMBLER E.D.P. PARTNERSHIP #8, LTD. 06 APR 27 PM 4: 16 Principal Place of Business Mailing Address **5858 CENTRAL AVENUE** % THE SEMBLER COMPANY P.O. BOX 41847 ST PETERSBURG, FL 33707 ST PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3462216 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 AVENUE** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 P96000003312 DOCUMENT # SEMBLER RETAIL, INC. STREET ADDRESS **5858 CENTRAL AVENUE 900074330989** .05/10/06--01012--012 **43687.50 CITY-ST-ZIP ST PETERSBURG, FL 33707 DOCUMENT # NAME STREET ADDRESS City-ST-7IP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-7/P IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that mys gnature 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:

DOCUMENT / NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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<u> 4-10-06</u>

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