

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

DOCUMENT #A97000001632

1. Entity Name  
**SEMBLER FAMILY PARTNERSHIP #16, LTD.**



FILED  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

06 APR 27 PM 3:54

Principal Place of Business  
**5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

Mailing Address  
**C/O THE SEMBLER COMPANY  
 P.O. BOX 41847  
 ST. PETERSBURG, FL 33743-1847**

**DO NOT WRITE IN THIS SPACE**

04052006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>59-3462213</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**SHER, CRAIG H  
 5858 CENTRAL AVENUE  
 ST. PETERSBURG, FL 33707**

**DO NOT WRITE  
 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

DOCUMENT # **P96000003312**  
 NAME **SEMBLER RETAIL, INC.**  
 STREET ADDRESS **5858 CENTRAL AVENUE**  
 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

**4000074330284  
 05/10/06--01012--012 \*\*43687.50**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Craig Sher A-10-06 727-384-6000*

Date

Daytime Phone #

STAPLE CHECK HERE