


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A97000001632</b> 1. Entity Name <b>SEMBLER FAMILY PARTNERSHIP #16, LTD.</b>	
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Principal Place of Business <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>	Mailing Address <b>C/O THE SEMBLER COMPANY</b> <b>P.O. BOX 41847</b> <b>ST. PETERSBURG, FL 33743-1847</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
**08 APR 30 AM 8:35**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02282008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent  <b>SHER, CRAIG H</b> <b>5858 CENTRAL AVENUE</b> <b>ST. PETERSBURG, FL 33707</b>	
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7. Name and Address of New Registered Agent Name <b>SEMBLER, GREGORY S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>5858 CENTRAL AVENUE</b> City <b>ST. PETERSBURG FL</b> Zip Code <b>33707</b>	
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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 <i>Gregory S. Sembler</i> <b>PRESIDENT</b> <b>4-23-08</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small> <span style="float:right"><small>DATE</small></span>		
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**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL, INC.	CITY - ST - ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY - ST - ZIP	ST. PETERSBURG, FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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**04/30/08--01057--004 \*\*508.75**

STAPLE CHECK HERE

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:** *Ronald D. Wheeler* **RONALD D. WHEELER** **4/24/08** **727-384-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #