FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

TIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

49700001633

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	A97000001000				
SEMBLER E.D.P. PARTNERSHIP #7, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG FL 33743-1847	5858 CENTRAL AVENUE ST. PETERSBURG FL 33707		07/24/1997 3a. Date of Last Report 12/15/1997	\$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date: #99.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-341	. <u>—</u> / tpp://doi.io.	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country				
9. Name and Address of Current Registered Agent			10. If changed, new Registered	Agent/Office	
SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707 Suite, Apt. #, etc. City FL Zip Code 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 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) 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) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/Document Number					
 I do hereby certify that the information supplied with this filin Corporations from any liability of non-compliance with Section 	changed on this form; an amendment must be it is voluntarily furnished and does not qualify for the exemption stated in Section 1 119.07(3)(k) in the event that the information supplied is deemed exempt from probability that it is shall have the same legal effects as if made under oath. I further certify that I am		一门 1 / 门号/ ***** 1 5 ment must be filed to chall tion stated in Section 119.07(3)(k), Florida Sta leemed exempt from public access. I further of the urther certify that I am a General Partner of the	tutes. I release the Division of ertify that the information indicated on	

President

Daytime Telephone Number