

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A97000002020

1. Entity Name
 TSCPR FAMILY PARTNERSHIP #1, LTD.



Principal Place of Business
 5858 CENTRAL AVENUE
 ST. PETERSBURG, FL 33707
 C/O THE SEMBLER COMPANY
 P.O. BOX 41847
 ST. PETERSBURG, FL 33743-1847

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

04092005 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3470769 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SEMBLER, GREGORY S 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____ DATE _____
Signature or typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,075,446.00** 10. Amount of Capital Contributions in FLORIDA to date. **573,551.00**

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. DOCUMENT #	GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY
NAME	STREET ADDRESS		
STREET ADDRESS	CITY-ST-ZIP		
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS		7000054744927
NAME	CITY-ST-ZIP		05/18/05--01057-004 **535.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS		
NAME	CITY-ST-ZIP		
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS		
NAME	CITY-ST-ZIP		
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #	STREET ADDRESS		
NAME	CITY-ST-ZIP		
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Craig Sher* **4/19/05** **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Craig Sher, Vice-President

FILED
 05 APR 29 PM 5:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA