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

DOCUMENT # A97000002020

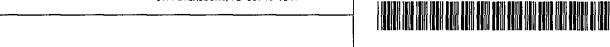
1. Entity Name
TSCPR FAMILY PARTNERSHIP #1, LTD.



SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 27 PM 3: 41

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 59-3470769

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMBLER, GREGORY \$ 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707

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FILE NOW!!! FEE IS \$500.00	
Signature, typed or printed name of registered agent and title if applicable.	DATE
SIGNATURE ————————————————————————————————————	
the obligations of registered agent.	
 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or 	f both, in the State of Horida. I am familiar with, and accept

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.

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	12.	GENERAL PARTNER INFORMATION
	DOCUMENT #	
	NAME	JUNCOS TSCPR, INC.
	STREET ADDRESS	5858 CENTRAL AVENUE
	CITY-ST-ZIP	ST. PETERSBURG, FL 33707
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14. I hereby certify that the information surphied 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 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:

TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNET