## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2006 SECRETARY OF STATE **DOCUMENT #A9800000180** DIVISION OF CORPORATIONS TSCPR FAMILY PARTNERSHIP #3, LTD. 06 APR 27 PM 3: 42 Principal Place of Business Mailing Address **5858 CENTRAL AVENUE** % THE SEMBLER COMPANY ST. PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3489390 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG DO NOT WRITE **5858 CENTRAL AVENUE** ST. PETERSBURG, FL. 33707 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 # P97000081031 TSCPR FLORIDA, INC. NAME STREET ADDRESS **5858 CENTRAL AVENUE** CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCUMENT / **600074329606** 05/10/06--01012--012 \*\*43687.50 STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 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:

STAPLE CHECK

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

NOT PED OR PRINTED NAME OF BIGHING GENERAL PARTNER