2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A98000000361

SEMBLER H.V. PARTNERSHIP #1, LTD.



Principal Place of Business

C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707

Mailing Address

% THE SEMBLER COMPANY P.O. BOX 41847 ST, PETERSBURG, FL 33743-1847 SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 27 PM 3: 50



04052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3502452

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H

C/O THE SEMBLER COMPANY 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.				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	GENERAL PARTNER INFORMATION P96000003312 SEMBLER RETAIL, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		0074330113 601012012 **43687.50 OT WRITE	
CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT * NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT * NAME			IIS SPACE	
Street Address City-St-Zip		4		

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 performance by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #