2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

	DOCUMENT # A9800000361 1. Entity Name SEMBLER H.V. PARTNERSHIP #1, LTD.				6)8 APR 30	ED AM 8:	36		
	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		1847	TALLAHASSEE, FLORIDA				
ľ	2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			02282008	Chg-LP	CR2E00	3 (12/06)	
	City & State		City & State			1 '		Applied For Not Applicable		
	Zip Country		Zip Coun		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			ee Required	
	6. Name and Address of Current Registered Ager SHER, CRAIG H C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707			2		7. Name and Address of New Registered Agent TMBLER GREGORYS. (P.O. Box Number is Not Acceptable) S8 CENTRAL AVENUE PETERSBURG FL Zin Gode 707				
	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 a the obligations of registered agent.								miliar with, and accept	
	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.									
ŀ	NOTE: General Partners MAY NOT be changed on the f 12. GENERAL PARTNER INFORMATION					an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY				
ŀ	DOCUMENT #	P96000003312	ETTINI ONIMATION	DRMATION 13.		- "	ADDITESS CRIA	NOLD ONL!		
	NAME SEMBLER RETAIL, INC. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL 33707				'-ST-ZIP					
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	14. I hereby certify that the information supplied with this filling does not quality 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: SIGNATURE: BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dat									