
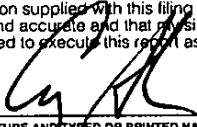


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
05 APR 29 PM 5:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000000636			
1. Entity Name SEMBLER E.D.P. PARTNERSHIP #10, LTD.			
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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$231,145.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000003312	STREET ADDRESS	
NAME	SEMBLER RETAIL, INC.	CITY-ST-ZIP	800054755228 05/19/05--01005--020 ***150.00
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		
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			
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: 		4/19/05 727-384-6000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	
CRAIG SHER, PRESIDENT			

STAPLE CHECK HERE