2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Due By May 1, 2006 SECRETARY OF STATE DOCUMENT # A98000001066 DIVISION OF CORPORATIONS SEMBLER/YBOR, LTD. 06 APR 27 PM 3: 46 Principal Place of Business Mailing Address C/O THE SEMBLER COMPANY P.O. BOX 41847 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33743-1847 ST. PETERSBURG, FL 33707 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3521855 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE IN THIS SPACE ST. PETERSBURG, FL 33707 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, 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. GENERAL PARTNER INFORMATION 12. P96000003312 DOCUMENT # SEMBLER RETAIL, INC. NAME 300074329893 05/10/06--01012--012 ***43687.50 STREET ADDRESS 5858 CENTRAL AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33707 DOCHMENT # NAME 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 DOCUMENT # NAME

14. I hereby certify that the information supplied 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 peoprt as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STAPLE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

4-10-06

727-384-600