2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED **DOCUMENT # A98000001066** 1. Entity Name SEMBLER/YBOR, LTD. 07 APR 27 AM 8:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA 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 DO NOT WRITE IN THIS SPACE 03022007 No Cho-LP CR2E003 (12/06) 4. FEI Number Applied For 59-3521855 Not Applicable \$8.75 Additional 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, 2007, 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. an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION 12. P96000003312 DOCUMENT # NAME SEMBLER RETAIL, INC. STREET ADDRESS 5858 CENTRAL AVENUE CITY - ST-ZIP ST. PETERSBURG, FL 33707 SOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # HAME STREET ADDRESS 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

4-26-01 727-384-6000

CRAIL H. SHER

NO TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: