


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**


DOCUMENT # A98000002299 1. Entity Name SEMBLER E.D.P. PARTNERSHIP #13, LTD.	
---	---

Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	Mailing Address % THE SEMBLER COMPANY P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---


City & State Zip	Country	City & State Zip	Country
-------------------------	---------	-------------------------	---------

FILED
08 APR 30 AM 8: 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA




02282008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3539768	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
---	---

7. Name and Address of New Registered Agent	
Name SEMBLER, GREGORY S.	
Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE	
City ST. PETERSBURG FL	Zip Code 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:  **PRESIDENT** **4/23/08**
DATE

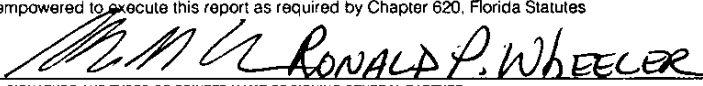
**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P96000003312
NAME	SEMBLER RETAIL, INC.
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300127460629
CITY-ST-ZIP	04/30/08--01055--019 **508.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE:  **RONALD P. WHEELER** **4/24/08** **727-384-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE