

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002301**

1. Entity Name

SEMBLER E.D.P. PARTNERSHIP #15, LTD.

Principal Place of Business

Mailing Address

**5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

**% THE SEMBLER COMPANY
P.O. BOX 41847
ST. PETERSBURG FL 33743-1847**

FILED
02 APR 30 AM 9:57
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3539766

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$224,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$86,500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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

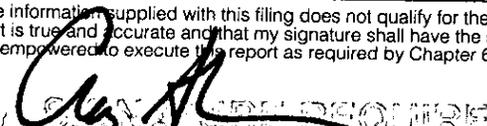
13. ADDRESS CHANGES ONLY

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

STREET ADDRESS	
CITY-ST-ZIP	200005480982--5
STREET ADDRESS	05/07/02 01043 006
CITY-ST-ZIP	****535.00 ****535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	BK
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (9/01)

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:  **Craig H. Sher, President** 4/29/02 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #