

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A98000002439 1. Entity Name STP REDEVELOPMENT, 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.		02282008 Chg-LP CR2E003 (12/06)	
City & State		City & State		4. FEI Number 59-3541501	
Zip Country		Zip Country		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 <u>SEMBLER GREGORY S.</u> Street Address (P.O. Box Number is Not Acceptable) <u>5858 CENTRAL AVENUE</u> City <u>ST. PETERSBURG FL</u> Zip Code <u>33707</u>		
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 <u><i>Gregory S. Sembler</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-23-08</u>	
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			13. ADDRESS CHANGES ONLY		
DOCUMENT # <u>P98000088453</u> NAME <u>STP REDEVELOPMENT, INC.</u> STREET ADDRESS <u>5858 CENTRAL AVENUE</u> CITY-ST-ZIP <u>ST. PETERSBURG, FL 33707</u>			STREET ADDRESS CITY-ST-ZIP		
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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: <u><i>Gregory S. Sembler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				DATE <u>4-23-08</u> Daytime Phone # <u>727-384-6000</u>	

STAPLE CHECK HERE

FILED
 08 APR 30 AM 8:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



GREGORY S. SEMBLER