

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # A99000000025

1. Entity Name

SEMBLER E.D.P. PARTNERSHIP 2004, LTD.

02 APR 30 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

Zip

Country

Zip

Country

4. FEI Number

59-3550223

Applied For

Not Applicable

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

SEMBLER RETAIL, INC.
5858 CENTRAL AVENUE
ST PETERSBURG FL 33707

Name

Craig H. Sher

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.

SIGNATURE

Craig H. Sher, Resident Agent

4/29/02

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

DATE

9. Capital Contributions
as Shown on record.

\$417,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$393,087.75

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

STREET ADDRESS

CITY-ST-ZIP

500005480965--7
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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Craig H. Sher, President

4/29/02

727-384-6000

Date

Daytime Phone #

CR2E003 (9/01)