## **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

## Due By May 1, 2006 SECRETARY OF STATE **DOCUMENT # A99000000025** DIVISION OF CORPORATIONS SEMBLER E.D.P. PARTNERSHIP 2004, LTD. 06 APR 27 PH 4: 14 Principal Place of Business Mailing Address 5858 CENTRAL AVENUE % THE SEMBLER COMPANY ST PETERSBURG, FL 33707 P.O. BOX 41847 ST. PETERSBURG, FL 33743-1847 04052006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3550223 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHER, CRAIG H DO NOT WRITE **5858 CENTRAL AVENUE** ST PETERSBURG, FL 33707 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 **400074330934** 05/10/06--01012--012 \*\*43687.50 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

Ifing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership port as required by Chapter 620, Florida Statutes I hereby certify that the information suprindicated on this report is true and according the receiver or trustee empowered to

SIGNATURE:

CHECK

STAPLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

410.00