2000 UNIFORM BUSINESS REPORT (UBR)

A9900000132 **DOCUMENT #**

1. Entity Name

SEMBLER FAMILY PARTNERSHIP #19, LTD.

Principal Place of Business

5858 CENTRAL AVENUE ST. PETERSBURG FL 33707 Mailing Address

P.O. BOX 41847

ST. PETERSBURG FL 33743-1847

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State			City & State		4. FEI Number S9-3561018 Applied For Not Applicable		
Zip		Country	Zip	Country	5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			Registered Agent		7. Name and Address of New Registered Agent		
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707				Name	Name		
				Street	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE DATE							
			in FLORIDA to	of Capital Contributions DA to date. \$1,966,650.00 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# P9600003312							
NAME	SEMBLER RETAIL INC.			STREET ADDRES			
STREET ADORESS		ITRAL AVENUE		CITY-ST-ZIP			
CITY-ST-ZIP	ST. PETE	RSBURG FL 33707					
DOCUMENT #	<u> </u>			STREET ADDRES	2000032471821		
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14. Thereby 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 leceiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

727-384-6000

Daytime Phone #

CR2E003 (9/99)