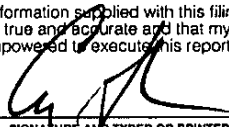


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 05 APR 29 PM 5:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A99000000132				
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		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number 59-3561018		Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		04092005 Chg-LP CR2E003 (10/03)		
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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$2,165,060.00		10. Amount of Capital Contributions in FLORIDA to date. 99.00		
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 #	P96000003312	STREET ADDRESS		
NAME	SEMBLER RETAIL INC.	CITY-ST-ZIP		
STREET ADDRESS	5858 CENTRAL AVENUE		600054756806	
CITY-ST-ZIP	ST. PETERSBURG, FL 33707		05/19/05--01005--033 ***150.00	
DOCUMENT #		STREET ADDRESS		
NAME		CITY-ST-ZIP		
STREET ADDRESS				
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NAME		CITY-ST-ZIP		
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: 		4/19/05 727-384-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #	
CRAIG SHER, PRESIDENT				

STAPLE CHECK HERE