

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

DOCUMENT # A99000000132

1. Entity Name  
 SEMBLER FAMILY PARTNERSHIP #19, LTD.



**FILED**

07 APR 27 AM 8:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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 - No P.O. Box # 3. Mailing Address **BK**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04262007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3561018 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$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  
 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 **BK** DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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

DOCUMENT #  
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 CITY-ST-ZIP

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13. ADDRESS CHANGES ONLY

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000101864350  
 05/09/07--01000--014 \*\*500.75

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: **BK**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-26-07 727-384-6000  
 Date Daytime Phone #

STATE OF FLORIDA