2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

DOCUMENT # A99000001041

1. Entity Name

SEMBLER E.D.P. PARTNERSHIP #16, LTD.



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

SECRETARY OF STATE DIVISION OF CORPORATIONS

06 APR 27 PM 4: 20



04052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3583515

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707

DO NOT WRITE 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 ————————————————————————————————————				
одлаши, курсо ок ричео папа от единето адел ало ше в аррисасие.			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	100	0074331121	
DOCUMENT #		05/10/0	0074331121 %01012012 **43687.50	
NAME				
STREET ADDRESS		1	•	
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NAME				
STREET ADDRESS		I DO N	OT WRITE	
CITY-ST-ZIP				
DOCUMENT #		IN THIS SPACE		
NAME				
STREET ADDRESS				

14. I hereby certify that the information supplied with this filling 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:

CHECK HERE

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS
CITY-ST-ZIP

COUNTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-10-0

727:384-lecc

Daytime Phone #