2002

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
02 APR 30 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001101

1. Entity Name
SEMBLER/TREASURE FLORIDA PARTNERSHIP #1, LTD

DO NOT WRITE IN THIS SPACE

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DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
5858 CENTRAL AVENUE	PO BOX 41847
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33707 Country: USA	Zip: 33743-1847 Country: USA

4. FEI Number: 59-3593839 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SHER, CRAIG H.

Street Address (P.O. Box Number is Not Acceptable): 5858 CENTRAL AVENUE

City: ST. PETERSBURG FL Zip Code: 33707

8. The above named entity submits this amendment for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature required of person named as registered agent and title if applicable

9. Capital Contributions as Shown on record. 47,025.00

10. Amount of Capital Contributions in FLORIDA to date. $99.00

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

DOCUMENT #	P99000041259
NAME	SEMBLER/TREASURE FLORIDA, INC.
STREET ADDRESS	5858 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
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CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ Craig H. Sher, Pr 4/29/02 727-384-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CRAIG H. SHER, PRESIDENT, SEMBLER/TREASURE FLORIDA, INC.