

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000038732

1. Entity Name  
1950 CONGRESS AVENUE, LLC



Principal Place of Business  
5858 CENTRAL AVENUE  
ST PETERSBURG, FL 33707

Mailing Address  
5858 CENTRAL AVENUE  
ST PETERSBURG, FL 33707

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-1159798

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHER, CRAIG H  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST PETERSBURG, FL 33707

Name **SEMBLER, GREGORY S.**

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 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

*Gregory S. Sembler*

(NOTE: Registered Agent signature required when reinstating)

**PRESIDENT**

**4/23/08**

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
NAME **SEMBLER FAMILY PARTNERSHIP #35, LTD.**  
STREET ADDRESS **5858 CENTRAL AVENUE**  
CITY - ST - ZIP **ST PETERSBURG, FL 33707**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition  
NAME **900127540589**  
STREET ADDRESS **05/01/08--01001--012**  
CITY - ST - ZIP **\*\*143.75**

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CITY - ST - ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Gregory S. Sembler*

**VICE PRESIDENT 4/25/08 727-384-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #