

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000121477

1. Entity Name  
SEMBLER INVESTMENTS LLC



Principal Place of Business  
11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716

Mailing Address  
11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

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

04302007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEE Number  
00-8865-065 Applied For  
Not Applicable

Zip

Zip

Country

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

BALLAST POINT GROUP LLC  
11300 FOURTH STREET NORTH  
SUITE 200  
ST. PETERSBURG, FL 33716

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGRM  Delete  
NAME SEMBLER, M. STEVEN ,  
STREET ADDRESS 11300 FOURTH STREET NORTH, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG, FL 33716

TITLE MGRM  Change  Addition  
NAME Sembler, M. Steven, Trustee  
STREET ADDRESS 11300 4th St. N., Suite 200  
CITY-ST-ZIP St. Petersburg, FL 33716

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

M. Steven Sembler

4/30/07

(727) 577-5522

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

Date

Daytime Phone #

60047461



05-01-2007 90334 016 \*\*\*\*50.00

**FILED  
May 01, 2007 8:00 am  
Secretary of State**