## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF

## **DOCUMENT # L07000127127** SEMBLER CENTER ASSOCIATES, LLC FILED 08 APR 30 AM 8: 35 Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **5858 CENTRAL AVENUE** 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707-1728 ST. PETERSBURG, FL 33707-1728 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chq-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 26-2336229 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 囡 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SEMBLER, MELVIN F Street Address (P.O. Box Number is Not Acceptable) 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707-1728 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) Make check payable to **FILE NOW!!! FEE IS \$138.75** After May 1, 2008 Fee will be \$538.75 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. X Addition TITLE MGMB ☐ Change TITLE ☐ Delete SEMBLER MELVIN F. 5858 CENTRAL AVENUE NAME NAME STREET ADDRESS STREET ADDRESS PETERSBURG, FL 33707 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: