2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000000273

1. Entity Name
MSS PROVISION FUND, LTD.

Principal Place of Business	Mailing Address
ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300-4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716	ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300-4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3360917 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASTER CONTROL, INC. 11300-4H 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. DATE

9. Capital Contributions as Shown on record.	$990.00	10. Amount of Capital Contributions in FLORIDA to date.	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000017669	STREET ADDRESS	
NAME	MASTER CONTROL, INC.		
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200	CITY-ST-ZIP	000000095480 03/24/04-80034-005 141.25
CITY-ST-ZIP	ST. PETERSBURG, FL 227162940		
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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

Master Control, Inc., G.P.

SIGNATURE: By: [signature] 2/6/04 727-572-5520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #