2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
03 MAR 14 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0013958 AT

DOCUMENT # A96000000273

1. Entity Name
MSS PROVISION FUND, LTD.

Principal Place of Business	Mailing Address
ERINMARK, INC., C/O SEMBLER INVESTMENTS	ERINMARK, INC., C/O SEMBLER INVESTMENTS
11300-4TH STREET NORTH, STE. 200	11300-4TH STREET NORTH, STE. 200
ST. PETERSBURG FL 33716	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

DUE BY MAY 1, 2003

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.	Name
11300 4H STREET NORTH	Street Address (P.O. Box Number is Not Acceptable)
SUITE 200	
ST. PETERSBURG FL 33716	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P97000017669	STREET ADDRESS	~~1000140885 81~~
NAME	MASTER CONTROL, INC.		
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200		
CITY-ST-ZIP	ST. PETERSBURG FL 22716-2940	CITY-ST-ZIP	03/14/03--01004--002 **141.25
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STAPLE CHECK HERE

CR2E062 (10/02)

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

MSS Provision Fund, Ltd.
By: Master Control, Inc.
SIGNATURE: By: [signature] REQUIRED M. Steven Sembler, Pres. 2/11/03 (727) 577-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #