

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**06 MAY -1 AM 8:44**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

<b>DOCUMENT # A05000000098</b> 1. Entity Name CSC PROVISION FUND, LTD.					
Principal Place of Business 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716-2940			Mailing Address 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716-2940		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MASTER CONTROL, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716-2940				Name <u>Julie V. Fanelli</u> Street Address (P.O. Box Number is Not Acceptable) <u>11300 Fourth Street North, Suite 200</u> City <u>St. Petersburg</u> <u>FL</u> Zip Code <u>33716</u>	
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 <u>Julie V. Fanelli</u> <u>Julie V. Fanelli</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>4-20-06</u>	
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>600075012366</b> <b>05/22/06--01004--005 **500.75</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P97000017669		STREET ADDRESS		
NAME	MASTER CONTROL, INC.		CITY-ST-ZIP		
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200				
CITY-ST-ZIP	ST. PETERSBURG, FL 337162940				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: <u>M. Steven Semler</u> <u>M. Steven Semler, Pres. of GP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			DATE <u>4/24/06</u>		DAYTIME PHONE # <u>727 577 5522</u>

STAPLE CHECK HERE