## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0500000098  1. Entity Name					FILED		
CSC PROVISION FUND, LTD.					2007 APR	25 AM 10: 20	
Principal Place of Business 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716-2940 ST. PETERSBURG, FL 33716-2940 Mailing Address 11300 FOURTH STREET ST. PETERSBURG, FL 33716-2940					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052007 Chg-LP	CR2E003 (12/06)		
City & State		City & State		4. FEI Number 20-2169169	Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New F	Registered Agent	
				Name Master Control, Inc.			
FANELLI, JULIE V 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 33716-2940				<b></b>	(P.O. Box Number is Not Acceptable)		
				1130	0 4th St. N., Sui	te 200	
				City St. Petersburg FL Zig Code 33716			
8. The above	named entity submits this statement f	or the purpose of changing it	s register			orida. I am familiar with, and accept	
the obligati	ions bi registered agent.	The Ma		Steven Se	. /	1	
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable.	141.	2 ce veli 2	embrer 47, 67	DATE	
		Will FEE IS \$500.00 2007, Fee will be \$90	00.00			(he)	
					TERED AND ACTIVE WITH THe nt must be filed to change a g		
12.	GENERAL PARTNE		13.		ADDRESS CH		
DOCUMENT / NAME	P97000017669 MASTER CONTROL, INC.			EET ADDRESS			
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200			Y-ST-ZIP	400404047044		
CITY-ST-ZIP	ST. PETERSBURG, FL 337162940				400101617314 05/04/0701047015 **508.75		
DOCUMENT # NAME STREET ADDRESS		•	FTZ	EET ADDRESS	00724701 0101	313 11333113	
CITY-ST-ZIP			CITY	Y-ST-ZIP			
NAME STREET ADDRESS			STR	EET ADDRESS			
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STREET ADDRESS CITY-ST-ZIP			cin	Y-ST-ZIP			
DOCUMENT # NAME			STR	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP			
indicated	certify that the information supplied w on this report is true and accurate an eiver or trustee empowered to execut	d that my signature shall hav	re the sam Chapter 62	ne legal effect as if i	made under oath; that I am a Gene	eral Partner of the limited partnership	
SIGNAT	URE: SIGNATURE AND TYPED	TR PRINTED NAME OF SIGNING GENE			Date 4/17/67	フンス577.55ンン Daytime Phone #	