

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A05000000098

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** CSC PROVISION FUND, LTD.

**Current Principal Place of Business:**

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 20-2169169

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MASTER CONTROL, INC.  
1511 N. WESTSHORE BLVD.  
SUITE 300  
TAMPA, FL 33607 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: P97000017669  
Name: MASTER CONTROL, INC.  
Address: 1511 N. WESTSHORE BLVD., STE 300  
City-St-Zip: TAMPA, FL 33607

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DARIAN W. JOHNSON

PRES

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date