


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -7 AM 11:08

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  <b>EBML ENTERPRISES, LTD.</b>		1a. DOCUMENT # <b>A93000000304</b>	
Mailing Address  11235 MANSKER ROAD DADE CITY FL 33525		Principal Office Address  11235 MANSKER ROAD DADE CITY FL 33525	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Formed or Registered <b>03/23/1993</b>		5a. Capital Contributions as Shown on record. <b>\$5,000,000.00</b>	
3a. Date of Last Report <b>12/31/1997</b>		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation <b>FL</b>		6. FEI Number <b>59-3172400</b>	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
8. <b>\$8.75 Additional Fee Required</b>			



9. Name and Address of Current Registered Agent  <b>SARGENT, EDWIN B</b> 11235 MANSKER RD DADE CITY FL 33525		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  State <b>FL</b> Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SARGENT, EDWIN B	11235 MANSKER RD.	DADE CITY FL 33525	<b>700002709237--1</b> -12/10/98--01086--011 *****526.25 *****526.25
SHIDLER, MARGARET S	3320 NAKORA DR.	TAMPA FL 33618	
SARGENT, LEE WILLIAM	37627 CHURCH ST.	DADE CITY FL 33525	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Edwin B. Sargent DATE 11/30/98  
 Typed or Printed Name of General Partner Signing Form Edwin B. SARGENT Daytime Telephone Number 352-567-3001

CR2E003 (8/98)