

2001 UNIFORM BUSINESS REPORT (UBR)

0014566 AF

DOCUMENT # A93000000304
1. Entity Name
 EBML ENTERPRISES, LTD.

FILED
 01 MAY -2 PM 12:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 11235 MANSKER ROAD 11235 MANSKER ROAD
 DADE CITY FL 33525 DADE CITY FL 33525



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-3172400 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SARGENT, EDWIN B
 11235 MANSKER RD
 DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. \$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 | |
|---------------------------------|----------------------|
| DOCUMENT # | SARGENT, EDWIN B |
| NAME | 11235 MANSKER RD. |
| STREET ADDRESS | DADE CITY FL 33525 |
| CITY-ST-ZIP | |
| DOCUMENT # | SHIDLER, MARGARET S |
| NAME | 3320 NAKORA DR. |
| STREET ADDRESS | TAMPA FL 33618 |
| CITY-ST-ZIP | |
| DOCUMENT # | SARGENT, LEE WILLIAM |
| NAME | 11048 MANSKER ROAD |
| STREET ADDRESS | DADE CITY FL 33525 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|-----------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 11711 Phoenix Cir |
| CITY-ST-ZIP | Tampa, FL 33618 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 700004301997--8 |
| CITY-ST-ZIP | -05/23/01--01086--040 |
| STREET ADDRESS | ***526.25 ***526.25 |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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

SIGNATURE: Edwin B. Sargent 4/20/01 352-567-2001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)