


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A93000000304					
1. Entity Name EBML ENTERPRISES, LTD.					
Principal Place of Business 11235 MANSKER ROAD DADE CITY, FL 33525			Mailing Address 11235 MANSKER ROAD 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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SARGENT, EDWIN B 11235 MANSKER RD DADE CITY, FL 33525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$5,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	SARGENT, EDWIN B				
	11235 MANSKER RD.		CITY - ST - ZIP		
	DADE CITY, FL 33525				
DOCUMENT #	NAME		STREET ADDRESS		
	SHIDLER, MARGARET S				
	11711 PHOENIX CIR.		CITY - ST - ZIP		
	TAMPA, FL 33618				
DOCUMENT #	NAME		STREET ADDRESS		
	SARGENT, LEE WILLIAM				
	11048 MANSKER RD.		CITY - ST - ZIP		
	DADE CITY, FL 33525				
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
			CITY - ST - ZIP		
I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Edwin B. Sargent</i> Edwin B. Sargent			7/15/04 352-907-2001		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		



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4. FEI Number 59-3172400 Applied For Not Applicable

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

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