


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 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	04062005 Chg-LP CR2E003 (10/03)			
4. FEI Number 59-3172400			Applied For Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
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	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. 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				
DOCUMENT #	NAME		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: <i>Edwin B. Sargent</i>			4/11/05		352-567-2001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #		



STAPLE CHECK HERE

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