

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 19, 2007 08:00 A
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



04072007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3172400	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # NAME STREET ADDRESS CITY-ST-ZIP	SARGENT, EDWIN B 11235 MANSKER RD. DADE CITY, FL 33525
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SHIDLER, MARGARET S 11711 PHOENIX CIR. TAMPA, FL 33618
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SARGENT, LEE WILLIAM 11048 MANSKER RD. DADE CITY, FL 33525
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/01/07-80021-012 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **Edwin B. Sargent** 4/14/07 352-424-1875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE