

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 17, 2008 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**



04102008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3172400**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SARGENT, EDWIN B  
11235 MANSKER RD  
DADE CITY, FL 33525**

**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

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

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, 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  
**SARGENT, EDWIN B**  
STREET ADDRESS  
**11235 MANSKER RD.**  
CITY-ST-ZIP  
**DADE CITY, FL 33525**

DOCUMENT #

NAME  
**SHIDLER, MARGARET S**  
STREET ADDRESS  
**11711 PHOENIX CIR.**  
CITY-ST-ZIP  
**TAMPA, FL 33618**

DOCUMENT #

NAME  
**SARGENT, LEE WILLIAM**  
STREET ADDRESS  
**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

U000000304886  
05/01/08-80031-001 500.00

**DO NOT WRITE  
IN THIS SPACE**

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**

**4/15/08**

**352-424-1875**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE