

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013019 AT

DOCUMENT # A93000000304



FILED

03 APR 15 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **59-3172400**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$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 _____
Signature, typed or printed name of registered agent and title if applicable.

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME **SARGENT, EDWIN B**
STREET ADDRESS **11235 MANSKER RD.**
CITY-ST-ZIP **DADE CITY FL 33525**

STREET ADDRESS
CITY-ST-ZIP
900016077883

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

STREET ADDRESS
CITY-ST-ZIP
04/15/03--01074--004 **526.25

DOCUMENT #
NAME **SARGENT, LEE WILLIAM**
STREET ADDRESS **11048 MANSKER RD.**
CITY-ST-ZIP **DADE CITY FL 33525**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
DR THOMAS

DOCUMENT #
NAME
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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/03 **352-561-2001**
Date Daytime Phone #

CR2E003 (10/02)

SAMPLE CHECK HERE