


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -7 AM 11:41

DOCUMENT # A96000000272 1. Entity Name EBS PROVISION FUND, LTD.	
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Principal Place of Business ERINMARK, INC., C/O SEMBLER INVESTMENT 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716	Mailing Address ERINMARK, INC., C/O SEMBLER INVESTMENT 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716
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2. Principal Place of Business 11300 4th Street N. Suite, Apt. #, etc. Suite 200 City & State St. Petersburg, FL Zip 33716	3. Mailing Address 11300 4th Street N. Suite, Apt. #, etc. Suite 200 City & State St. Petersburg, FL Zip 33716	Country USA
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02162005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3360920	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MASTER CONTROL, INC. 11300 4TH STREET NORTH ST. PETERSBURG, FL 33716	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>
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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. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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 #	P97000017669	STREET ADDRESS	
NAME	MASTER CONTROL, INC.	CITY-ST-ZIP	
STREET ADDRESS	11300 FOURTH STREET NORTH, SUITE 200		
CITY-ST-ZIP	ST. PETERSBURG, FL 337162940		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: *Steven Sembler* M. Steven Sembler 2/22/05 727-579-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE