

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

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A96000000272**

1. Entity Name  
**EBS PROVISION FUND, LTD.**



Principal Place of Business  
**11300 4TH STREET N  
SUITE 200  
ST. PETERSBURG, FL 33716**

Mailing Address  
**11300 4TH STREET N  
SUITE 200  
ST. PETERSBURG, FL 33716**



**DO NOT WRITE IN THIS SPACE**

03072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3360920**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MASTER CONTROL, INC.  
11300 4TH STREET NORTH  
ST. PETERSBURG, FL 33716**

**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 # **P97000017669**  
NAME **MASTER CONTROL, INC.**  
STREET ADDRESS **11300 FOURTH STREET NORTH, SUITE 200**  
CITY-ST-ZIP **ST. PETERSBURG, FL 337162940**

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U00000897338  
04/25/08-80044-012 500.00

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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:**

*M. Steven Sembler*

**M. Steven Sembler**

**(727) 571-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #