

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 NOV 15 PM 12:11



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| 1. Name of Limited Partnership SFS PROVISION FUND, LTD. | 1a. DOCUMENT # A96000000274 |
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| Mailing Address 5858 CENTRAL AVENUE, FIRST FLOOR ST. PETERSBURG FL 33707 | Principal Office Address 5858 CENTRAL AVENUE, FIRST FLOOR ST. PETERSBURG FL 33707 |
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| 3. Date Formed or Registered 02/07/1996 | 5a. Capital Contributions as Shown on record. \$990.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 4. State or Country of Formation FL | |

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|---|---|
| 2. Mailing Address ERINMARK, INC. Suite, Apt. #, etc. 11300 - 4th Street North Suite 200 St. Petersburg, FL 33716 | 2a. Principal Office Address ERINMARK, INC. Suite, Apt. #, etc. 11300 - 4th Street North Suite 200 St. Petersburg, FL 33716 |
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| 6. FEI Number 59-3360922 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

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| 9. Name and Address of Current Registered Agent ERINMARK, INC. 5858 CENTRAL AVENUE, FIRST FLOOR ST. PETERSBURG FL 33707 | 10. If changed, new Registered Agent/Office Name: ERINMARK, INC. Street Address: 11300 - 4th Street North Suite, Apt. #, etc.: Suite 200 City: St. Petersburg, FL 33716 |
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/Document Number |
|-----------------------------------|---|-----------------------------|--|
| ERINMARK, INC. | 5858 CENTRAL AVENUE, | ST. PETERSBURG FL 337 | H70103 |
| | | | 4000002014084-7 -11/26/96--01117-015 ****200.00 ****200.00 |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *M. Steven Sembler* DATE *11/13/96*
 Typed or Printed Name of General Partner Signing Form *M. STEVEN SEMBLER* Daytime Telephone Number *813-344-1000*

CR2E003 (6/96)