


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # A96000000274 1. Entity Name SFS PROVISION FUND, LTD.	
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Principal Place of Business ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716	Mailing Address ERINMARK, INC., C/O SEMBLER INVESTMENTS 11300 - 4TH STREET NORTH, STE. 200 ST. PETERSBURG, FL 33716
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2. Principal Place of Business	3. Mailing Address	
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Suite, Apt. #, etc.	Suite, Apt. #, etc.	01082004 Chg-LP CR2E003 (10/03)
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City & State	City & State	4. FEI Number 59-3360922
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MASTER CONTROL, INC. 11300 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716

7. Name and Address of New Registered Agent	
Name	Applied For Not Applicable
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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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		000000095477 03/24/04-88634-003-141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SFS PROVISION FUND LTD BY: Master control, Inc., G.P.

SIGNATURE: BY: *Master Control, Inc.* **2/6/04 727-577-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER