


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -7 AM 8:52

DOCUMENT # A96000000274	
1. Entity Name SFS PROVISION FUND, LTD.	

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 11300 4th Street N. Suite, Apt. #, etc. Suite 200	3. Mailing Address 11300 4th Street N. Suite, Apt. #, etc. Suite 200	02162005 Chg-LP CR2E003 (10/03)
City & State St. Petersburg, FL	City & State St. Petersburg, FL	4. FEI Number 59-3360922
Zip 33716	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MASTER CONTROL, INC. 11300 4TH STREET NORTH SUITE 200 ST. PETERSBURG, FL 33716	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. \$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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000017669 MASTER CONTROL, INC. 11300 FOURTH STREET NORTH, SUITE 200 ST. PETERSBURG, FL 337162940	STREET ADDRESS CITY-ST-ZIP	
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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: *M. Steven Sembler* **M. Steven Sembler** **2/22/05** **727-579-3650**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #