

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 APR 25 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02162007 Chg-LP CR2E003 (12/06)

DOCUMENT # A96000000274 1. Entity Name SFS 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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3360922		Applied For <input type="checkbox"/> 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 SUITE 200 ST. PETERSBURG, FL 33716		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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		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	400101617494 05/04/07--01047--020 **508.75
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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: <i>M. Steven Sembler</i> M. Steven Sembler		Date: 4/17/07	Daytime Phone #: 727 577 5522

STAPLE CHECK HERE