


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

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

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
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03072008 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3360922	Applied For Not Applicable
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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  
 SUITE 200  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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
DOCUMENT #	
NAME	
STREET ADDRESS	
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UD00000897333  
 04/25/08-80044-009 500.00

**DO NOT WRITE IN THIS SPACE**

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 #