

**2002 UNIFORM BUSINESS REPORT (UBR)**

0018915 AB

**DOCUMENT # A26757**  
 1. Entity Name  
**ERVIN EQUITY MANAGEMENT, LTD.**

FILED  
 02 JUN -7 AM 10: 19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
 1030 N. STATE ST., #33-J CHICAGO IL 60610  
 104 KAPOK CIRCLE WINCHESTER VA 22602

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. City & State Zip Country  
 111 Dewberry Drive Winchester, VA 22602 US  
 111 Dewberry Drive Winchester, VA 22602 US

**DUE BY MAY 1, 2002**  
 4. FEI Number 65-0048883 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HARRIS, MICHAEL D**  
**LERNER, HARRIS & PEARCE**  
**1645 PALM BEACH LAKES BOULEVARD, SUITE 500**  
**WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$50.00** 10. Amount of Capital Contributions in FLORIDA to date. 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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	M83832 ERVIN CAPITAL MANAGEMENT <del>104 KAPOK CIRCLE</del> 111 Dewberry Drive WINCHESTER VA 22602	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	100005763781--0 <del>06/12/02 01076 001</del> ***141.25 ***141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *J. Harris* **SIGNATURE REQUIRED** 5/27/02 570-678-1559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003 (9/01)