


**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A26757	
1. Entity Name Ervin Equity Management, Ltd.	

FILED
2004 DEC 29 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 621 Shrewsbury Ave Suite, Apt. #, etc.	3. Mailing Address 621 Shrewsbury Ave Suite, Apt. #, etc.
City & State Shrewsbury, NJ	City & State Shrewsbury, NJ
Zip 07702 Country US	Zip 07702 Country US

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 5/31/1998	Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	Name and Address of Current Registered Agent Name Michael D. Harris Street Address (P.O. Box Number is Not Acceptable) 1645 Palm Beach Lakes Suite 500	
	City West Palm Beach FL Zip Code 33401	

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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent, or both, if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		
DOCUMENT # THE	NAME Ervin Group, Inc.	STREET ADDRESS
STREET ADDRESS 78 Banyan Blvd	CITY-ST-ZIP Holmdel, NJ 07733	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS
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**DO NOT WRITE
IN THIS SPACE**

03-04

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 *[Signature]* DATE **11/11/03** 732-750-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE

CR2E003B (12/02)