2095 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

FILED Mar 23, 2005 08:00 AM Secretary of State

		Pue by	Way 1, 200	<u> </u>		- -		73, 2005 U8:00 A
DOCUMENT # A9900000169							Sec	cretary of State
1. Entity Name ERMC III LIMITED PARTNERSHIP								v
ERMCIII	LIMITED	PARTNERSHIP						
Principal Plac	ce of Busines	8	Mailing Address			1		
6148 LEE H			- 6148 LEE HWY., S					
CHATTANOOGA, TN 37421 CHATTANOOGA, TN 37421								
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.								
Suite, Apr. #, etc.						03112005	Chg-LP	CR2E003 (10/03)
City & State			City & State			4. FEI Number		Applied For
Zip Country		Country	Zip Cour		ptn			Not Applicable
2.5		Country	Δ.μ	000	· itt y	5. Certificate o	f Status Desired	S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			
CORPOR	ATION SE	RVICE COMPANY		Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32301-2525								
					City			17:00
			· • • • • • • • • • • • • • • • • • • •		*			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 Sprature, typed or printed name of registered again and title it applicable								
9. Capital Contributions as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.								141,25
····	AG	ENERAL PARTNER	THAT IS A BUSINESS	ENTITY N	NUST BE REGIST	TERED AND AC	TIVE WITH TH	IIS OFFICE
12.	NOTE:	General Partners MA	AY NOT be changed o	on the form		nt must be filed		
DOCUMENT #	P9900000	· · · · · · · · · · · · · · · · · · ·	H INFORMATION				ADDRESS CH	ANGES UNLT
NAME	RUSSELL	SECURITY CO. III, IN	1C.	STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	1	HŴY., STE. 300	-	CIT'	Y-ST-ZIP			
DOGUMENT #	CMATTAN	NOOGA, TN 37421	<u> </u>				Hibomen	บวงวกอ
NAME				STR	EET ADDRESS		03/23/05~i	273706 80039-011 141.25
STREET ADDRESS				CE	f-SI-21P			22200 011 1111
CTTY-ST-ZIP	 						<u> </u>	
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CITY-ST-ZIP	-		<u> </u>		91°20			
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DOCUMENT#				SIR	EET ADDRESS			
NAME Street Address :							·	
CITY+ST-ZIP	[CITY	'-SI-ZIP			
DOCUMENT #		<u> </u>	· · · · · · · · · · · · · · · · · · ·	отв	CLI ADDRECC			: · <u> </u>
NAME				; \$1R	FLI ADDRESS			
STREET ADDRESS City-St-Zip				спу	'-ST-ZIP			
	certify that the	information supplied with	n this filing does not qualif	y for the exe	mption stated in Se	ction 119.07(3)(i)	Florida Statutes	I further certify that the information
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								
0101		Constant of	.00	11/1	n. n.e.	i Duc	C11	3/10/20
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayline Profes								