## - 2006 Limited Fartnership annual report

## FILED Jan 27, 2006 08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT # A99000000169 ERMC III LIMITED PARTNERSHIP Principal Place of Business Mailing Address 6148 LEE HWY., STE. 300 6148 LEE HWY., STE. 300 CHATTANOOGA, TN 37421 CHATTANOOGA, TN 37421 01182006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1788277 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY DO NOT WRITE 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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. U00000404758 82/07/06-80014-016 500.00 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. P99000008288 **POCUMENT#** NAME RUSSELL SECURITY CO. III, INC. STREET ADDRESS 6148 LEE HWY., STE. 300 CITY-SI-ZIP CHATTANOOGA, TN 37421 OOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT#

14. I hereby certify that the information supplied with this filling 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 eath, that I am a General Partner of the limited partnership or the receiver or trustee empore seed to execute this report as a different SQL, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE