


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # A96000000270			
1. Entity Name EVR GROUP, LTD.			
Principal Place of Business 5701 COLLINS AVENUE, APT. 315 MIAMI BEACH, FL 33140		Mailing Address 5701 COLLINS AVENUE, APT. 315 MIAMI BEACH, FL 33140	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0642854		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BLOOM, KENNETH M ESQ. BLOOM & MINSKER, P.L. 1110 BRICKELL AVE., SUITE 700 MIAMI, FL 33131		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. 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000011844	STREET ADDRESS	000000015903
NAME	NI-BAR CORP.	CITY-ST-ZIP	02/14/08-80028-015 500.00
STREET ADDRESS	5701 COLLINS AVENUE, APT. 315		
CITY-ST-ZIP	MIAMI BEACH, FL 33140		
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STREET ADDRESS			
CITY-ST-ZIP			
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: <i>Shirlee Schiller</i>		Date: <i>1/30/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone # <i>407-305-371-6800</i>	
<i>SHIRLEE SCHILLER</i>		<i>Kenneth Bloom</i>	

STAPLE CHECK HERE