

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 13 AM 11:43

DEPT. OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DOCUMENT # A02000000500					
1. Entity Name ERB HOLDINGS, LTD.					
Principal Place of Business 1207 SOROLLA AVENUE CORAL GABLES, FL 33134			Mailing Address 1207 SOROLLA AVENUE CORAL GABLES, FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 020-0014886	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ No Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
THOMSON, JOHN M ESQ. 370 MINORCA AVE., SUITE ONE CORAL GABLES, FL 33134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.					
9. Capital Contributions as Shown on record \$990.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P02000012778		STREET ADDRESS		
NAME	BROWNELL MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	1207 SOROLLA AVENUE				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
DOCUMENT #			STREET ADDRESS	U000000095630	
NAME			CITY-ST-ZIP	03/24/04-80041-008 150.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			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)(f), 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>X ERB Brownell</i>			3/09/04 (305) 443-5927		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE