

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**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**



04282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0014886	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**8. Name and Address of Current Registered Agent**

**THOMSON, JOHN M ESQ.**  
**370 MINORCA AVE., SUITE ONE**  
**CORAL GABLES, FL 33134**

**DO NOT WRITE**  
**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.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

**DATE**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

000001554906  
05/16/06-R0002-014 500.00

**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**

<b>DOCUMENT #</b>	<b>P02000012778</b>
<b>NAME</b>	<b>BROWNELL MANAGEMENT, INC.</b>
<b>STREET ADDRESS</b>	<b>1207 SOROLLA AVENUE</b>
<b>CITY-ST-ZIP</b>	<b>CORAL GABLES, FL 33134</b>

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<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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**IN THIS SPACE**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE