2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

| | DOCUME 1. Entity Name ERB HOLDIN | ENT # A02000 NGS, LTD. | 000500 | | | LED 30 AM 10: 22 | |
|-------------------|--|---|---|-------------------------------|--|---|--|
| | 1207 SOROLLA | rincipal Place of Business Mailing Address 207 SOROLLA AVENUE 1207 SOROLLA AVENUE ORAL GABLES, FL 33134 CORAL GABLES, FL 33134 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| | DO NOT WRITE IN THIS SPACE | | | | 01052007 No Chg-LP 4. FEI Number 20-0014886 5. Certificate of Status Desired | CR2E003 (12/06) Applied For Not Applicable \$8.75 Additional Fee Required | |
| | E. Name and Address of Current Registered Agent THOMSON, JOHN M ESO, Moldenborough, Harold. K. 370 MINORGA AVE., SUITE ONE JOSS South Godden Street GORAL GABLES, FL 33134 Tallahabsee, FL \$2301 | | | DO NOT WRITE IN THIS SPACE | | | |
| 1 | The above named entity autimits this statement for the parpose of changing its registered office or regit the obligations of registered agent. Signarus, typed or printed name of registered agent and title if applicable. | | | | ered agent, or both, in the State of Florida. I am familiar with, and accept | | |
| | | FILE NOWIII FEE IS \$500.00 After May 1, 2007, 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. | | | | | |
| | NAME STREET ADDRESS 12: CITY-ST-ZIP CC DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS | | NRTNER INFORMATION PL-305-443-5927 NT, INC. | | | 854897 42012 **500.00 | |
| STAPLE CHECK HERE | CITY-ST-ZIP DOCLMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCLMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCLMENT # NAME STREET ADDRESS CITY-ST-ZIP TOCLMENT # NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | |
| 1 | 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 oath; that I am a General Partner of the limited partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: SIGNATURE: SIGNATURE: Date Description Material Partners Date Descriptions of the same of the same of the same of the same legal effect as if made under oath; that I am a General Partner of the limited partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: Date Description of the same of th | | | | | | |