## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2008 Feb 19, 2008 08:00 AM DOCUMENT # A02000000500 **Secretary of State** ERB HOLDINGS, LTD. Principal Place of Business Mailing Address 1207 SOROLLA AVENUE 1207 SOROLLA AVENUE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 01042008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0014886 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARDENBOROUGH, HAROLD R DO NOT WRITE 305 SOUTH GADSDEN STREET TALLAHASSEE, FL 32301 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. 100000833004 SIGNATURE -Signature, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE 18 \$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. GENERAL PARTNER INFORMATION 12. DOCUMENT **#** P02000012778 BROWNELL MANAGEMENT, INC. NAME 1207 SOROLLA AVENUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 DOCUMENT # 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 # STREET ADDRESS CITY - ST - ZIP

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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK

DOCUMENT # STREET ADDRESS CITY-ST-ZIP

IG GEHERAL PARTNER