


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001660
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DOCUMENT # A02000000500	
1. Entity Name ERB HOLDINGS, LTD.	

FILED

03 APR 21 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1207 SOROLLA AVENUE CORAL GABLES FL 33134	Mailing Address 1207 SOROLLA AVENUE CORAL GABLES FL 33134
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

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

6. Name and Address of Current Registered Agent	
THOMSON, JOHN M ESQ. 370 MINORCA AVE., SUITE ONE CORAL GABLES FL 33134	

7. Name and Address of New Registered Agent	
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.

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		500016397285
DOCUMENT #		STREET ADDRESS	04/21/03--01063--010 **141.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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 exemption stated in Section 119.07(3)(i), 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: *ERB BROWNELL* **RECEIVED BROWNELL** **4/17/03 (305) 443-5927**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE