2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 20, 2006 08:00 AM Secretary of State

Due By May 1, 2006			Securitary of State
1. Entity Nam	MENT # A03000000820 ER VENTURES, LTD.		Secretary of State
Principal Place of Business FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108 Mailing Address FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 60 NAPLES, FL 34108		ER P.A. 1E. 600	
D	O NOT WRITE IN THIS SPA	CE	D1252006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For O4-3760507 Not Applied 5. Certificate of Status Desired \$6.75 Additional Fee Required
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108			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 tate of appropriate FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00			DATE
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Pariners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS	GENERAL PARTNER INFORMATION P03000056829 GIERINGER VENTURES, INC 5811 PELICAN BAY BLVD., STE. 600 NAPLES, FL 34108		000000475973 04/05/06-80037-025 500.00
CITY-ST-ZIP DOGUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE	
DOCUMENT /	_		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 path; 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:

STAPLE CHECK-HERE

City-ST-ZP

DOCUMENT #

NAME

STREET ADDRESS
CITY-ST-ZP

CHATURE AND TO SO OR PRINTED NAME OF SIGNING GENERAL PARTNER

President

2/17/66

Daytime Phone #