2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

	DUE BY I	MAY 1, 2005	r						
DOCUMENT # A9300000933 1. Entity Name					FILED				
ERSON ENTERPRISES, LTD.					2005 APR -8 PM 2: 24				
Principal Place of Business 12135 S.W. 131ST AVE. MIAMI FL 33186		Mailing Address 12135 S.W. 131ST AVE. MIAMI FL 33186			SE TAL	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principa	Principal Place of Business 3. Mailing Address			- -					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1 ST MOORE CR2E003 (10/04)					
City & State		City & State		4. FEI Number NO-T APPLICABLE Applied For Not Applied For					
Zip	Country	Zip	p Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curre	nt Registered Agent	istered Agent		7. Name and Address	s of New Registere			
					Name				
CORREDERA G., ERIC R 11846 SW 117 CT. MIAMI FL 33186				Street Address (P.O. Box Number is Not Acceptable)					
				City Zip Code					
				FL - - - - - - - - -					
	ve named entity submits this statemen ate of Florida. I am familiar with, and a				ered agent, or both,				
SIGNATUR	SIGNATURE					11. FILE NOW!!! D See Block 11 is			
	Contributions \$15,000 c	l Contrib		\$15 000 .T					
as Show	n on record.	in FLORIDA to da				WITH THIS OFF	ICE		
40	NOTE: General Partners N	MAY NOT be changed on th	e form:	an amendmen	t must be filed to cl	hange a general p	partner.		
12. GENERAL PARTNER INFORMATION DOCUMENT #			13.		AD	DRESS CHANGES (ONLY	,	
NAME	CORREDERA G., ERIC R		STREET ADDRESS		• • •	<u> </u>			
STREET ADDRES CITY-ST-ZIP	S 11846 SW 117 CT. MIAMI FL 33186		CITY-	ST-ZIP					
DOCUMENT # NAME	CORREDERA, SONIA E		STREE	ET ADDRESS					
STREET ADDRES	11846 SW 117 CT. MIAMI FL 33186		CITY-	CITY-ST-ZIP					
DOCUMENT # NAME	CORREDERA V., ERIC R JR.		STREE	ET ADDRESS	05/11/05	542451 01013015	≥8 **193.	75	
STREET ADDRES	S 11846 SW 117 CT. MIAMI FL 33186		CITY-	ST-ZIP					
DOCUMENT # NAME			STREE	ET ADDRESS					
STREET ADDRES CITY-ST-ZIP DOCUMENT	S		CITY-	ST-ZIP		·	. =		
			STREE	ET ADDRESS					
STREET ADDRES CITY-ST-ZIP	S		CITY-	ST-ZIP		- .			
DOCUMENT / NAME SIRFET ADDRES			STREE	T ADDRESS					
CITY-ST-ZIP				ST-ZIP					
14. I hereb indicate the rec	y certify that the information supplied w ed on this report is true and accurate a siver or trustee empowered to execute	ith this filing does not qualify for nd that my signature shall have th this report as required by Chapte	the exen he same er 620, F	nption stated in Se legal effect as if m lorida Statutes	ction 119.07(3)(i), Floric ade under oath; that I a	da Statutes. I further o am a General Partner	certify that t r of the limite	he information ed partnership or	

Enc R. Correcte a G

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE:

04/06/05

Daytime Phone #