2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # A93000000933

1. Entity Name

ERSON ENTERPRISES, LTD.

Principal Place of Business	Mailing Address
12135 S.W. 131ST AVE. MIAMI FL 33186	12135 S.W. 131ST AVE. MIAMI FL 33186

1st MOORE CR2E003 (10/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORREDERA G., ERIC R 11846 SW 117 CT. MIAMI FL 33186	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 _____ 03/01/2006
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2006, fee will be $900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	CORREDERA G., ERIC R	CITY-ST-ZIP	
STREET ADDRESS	11846 SW 117 CT.		
CITY-ST-ZIP	MIAMI FL 33186		
DOCUMENT #		STREET ADDRESS	
NAME	CORREDERA, SONIA E	CITY-ST-ZIP	U00000514530 04/29/06-80169-016 500.00
STREET ADDRESS	11846 SW 117 CT.		
CITY-ST-ZIP	MIAMI FL 33186		
DOCUMENT #		STREET ADDRESS	
NAME	CORREDERA V., ERIC R JR.	CITY-ST-ZIP	
STREET ADDRESS	11846 SW 117 CT.		
CITY-ST-ZIP	MIAMI FL 33186		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #