


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020780 MB

<b>DOCUMENT #</b> A94000000730	
1. Entity Name <b>ELECTRONIC RESOURCES, LTD.</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 MAR 19 PM 4:31**

Principal Place of Business <b>1800 N.W. 95TH AVENUE MIAMI FL 33172</b>	Mailing Address <b>8685 MIRALANI DRIVE SAN DIEGO CA 92126</b>
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0488631</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SHTEREMBERG, BERNARDO 1800 N.W. 95TH AVENUE MIAMI FL 33172</b>		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.

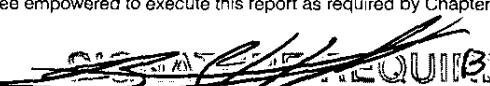
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$990.00</b>	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 #	<b>P94000036036</b>	STREET ADDRESS	
NAME	<b>ER GROUP, INC.</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>1800 N.W. 95TH AVENUE</b>		
CITY-ST-ZIP	<b>MIAMI FL 33172</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:**  **BERNARDO SHTEREMBERG** **3/13/03** **578-3200** **(858)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE