

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | |
|-----------------------------------|--|--|
| DOCUMENT # A96000000270 | | |
| 1. Entity Name EVR GROUP, LTD. | | |

| | |
|---|---|
| Principal Place of Business 5701 COLLINS AVENUE, APT. 315 MIAMI BEACH, FL 33140 | Mailing Address 5701 COLLINS AVENUE, APT. 315 MIAMI BEACH, FL 33140 |
|---|---|

| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|--|--------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

04042007 Chg-LP CR2E003 (12/06)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 65-0642854 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent BLOOM, KENNETH M ESQ. BLOOM & MINSKER, P.L. 1110 BRICKELL AVE. <i>4TH FLOOR SUITE 700</i> MIAMI, FL 33131 | 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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 # | P96000011844 | STREET ADDRESS | |
| NAME | NI-BAR CORP. | CITY-ST-ZIP | |
| STREET ADDRESS | 5701 COLLINS AVENUE, APT. 315 | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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

KENNETH M. BLOOM

Date

Daytime Phone #

4/14/07 305-371-6800

STAPLE CHECK HERE