2005 LIMITED PARTNERSHIP ANNUAL REPORT

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## **FILED** M

Due By May 1, 2005							Mar 2	3, 2005 08:00 <i>A</i>
DOCUMENT # B9300000063								cretary of State
1. Entity Name								creatily of state
ERMC, L.P. (LIMITED)						l		
Principal Plac	ce of Business		Mailing Address	-		†		
1200 SOUTH PINE ISLAND RD. 6148 LEE HWY., STE, 30						ŀ		
PLANTATION, FL 33324 CHATTANOOGA, TN 374								
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2. Principal Place of Business 3. Mailing Address								
a. Timopar race of business								n stigl benn benn benn snag gment er reg
Suite, Apt #, etc.			Suite, Apt #, etc.			03112005	Chg-LP	CR2E003 (10/03)
City & State			City & State			4. FEI Number		Applied For
Zip Country		Zip Country		ntn/	62-1508099 Not Applicable  5 Certificate of Status Desired			
	Zip Couliny		Elp Southly		au y	5. Certificate of	of Status Desired	Fee Required
6. Name and Address of Current Registered Ag						7. Name and	Address of New R	legistered Agent
CORPORATION SERVICE COMPANY					Name			,
1201 HAYS STREET					Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE, FL 32301-2525								
					City			Zip Code
& The above	a named entity	submite this statement for	the purpose of changing	n ito rogisto	1	ad agant as bath	in the Ctate of Ele	FL,
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 britised name of registered agent and title if applicable								
9. Capital Contributions as Shown on record. \$99.00  10. Amount of Capital Contributions in FLORIDA to date.								
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		13.		t mast pe mec	ADDRESS CHA	
DOCUMENT #	F930000008			312	EET ADDRÉSS			
NAME.		SECURITY CO., INC.			CT MODILES.			
STREET ADDRESS City-St-Zip		WY., STE. 300 DOGA, TN 37421		CIT	r-st-zip		50000000000000000000000000000000000000	273705 30039-010 141.25
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CITY-ST-ZIP					- 21 - 718	<u> </u>		
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NAME Street address							<u> </u>	· · · · · · · · · · · · · · · · · · ·
CUA-21-51b			·	CITY	'-ST-ZIP			
DOCUMENT #				910	LET ADDRESS	·····		
NAME CTREET ADDRESS	1			SIR	TEL ALVINESO		<u></u> .	
STREET ADDRESS City-St-Zip				ems	- ST - ZIP			ļ
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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 employered to execute this received by Chapter 620, Florida Statutes								
the receiver or trustee emplanged to execute this recome section of the receiver or trustee emplaned to execute this recome section of the receiver or trustee emplaned to execute this recome section of the receiver or trustee emplaned to execute this recome section of the receiver or trustee emplaned to execute this recome section of the receiver or trustee emplaned to execute this recome section of the receiver of the receiver or trustee emplaned to execute this recome section of the receiver of the rece								
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER CALL CALL CALL CALL CALL								