2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan-27, 2006 -08:00 AM Secretary of State Due By May 1, 2006 DOCUMENT #B9300000063 1. Entity Name ERMC, L.P. (LIMITED) Principal Place of Business Mailing Address 1200 SOUTH PINE ISLAND RD. 6148 LEE HWY., STE. 300 PLANTATION, FL 33324 CHATTANOOGA, TN 37421 01182006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 62-1508099 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, 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 DOCUMENT # F93000000831 NAME RUSSELL SECURITY CO., INC. STREET ADDRESS 6148 LEE HWY., STE, 300 CITY-ST-ZIP CHATTANOOGA, TN 37421 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT# STREET ADDRESS

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 apparate 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 execute this report a security of Chapter 620. Florida Statutes

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-Z(P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER