

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000090987**

1. Entity Name

**EXECUTIVE & PROFESSIONAL MANAGEMENT  
SERVICES, LLC**



Principal Place of Business

**100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131**

Mailing Address

**100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131**



02152006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-2038504**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HOLLO, JEROME  
100 SOUTH BISCAYNE BLVD., SUITE 1100  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME HOLLO, TIBOR  
STREET ADDRESS 100 SOUTH BISCAYNE BLVD., SUITE 1100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME HOLLO, WAYNE  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME HOLLO, JEROME  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME BAER, STEVE  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGR  
NAME KATZ, LEONARD  
STREET ADDRESS 100 S BISCAYNE BLVD  
CITY-ST-ZIP MIAMI, FL 33131

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000546805  
05/11/06-80131-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/13/06