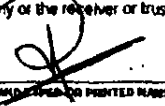


FILED  
Jun 25, 2003 8:00 am  
Secretary of State

06-02-2003 90083 030 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # L02000027337</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    |                                                                                                                              |                                                                                                                                                           |
| 1. Entity Name<br><b>EXECUTIVE MANAGEMENT PARTNERS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                           |
| Principal Place of Business<br>7040 WEST PALMETTO PARK ROAD, STE. 2420<br>BOCA RATON, FL 33433                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                    | Mailing Address<br>7040 WEST PALMETTO PARK ROAD, STE. 2420<br>BOCA RATON, FL 33433                                                                                                                            |                                                                                                                                                           |
| 2. Principal Place of Business<br>1221 BRICKELL AVENUE<br>Suite, Apt. #, etc.<br>9TH Floor, #0011<br>City & State<br>MIAMI FL<br>Zip<br>33131                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                    | 3. Mailing Address<br>1221 BRICKELL AVENUE<br>Suite, Apt. #, etc.<br>9TH Floor, #0011<br>City & State<br>MIAMI FL<br>Zip<br>33131                                                                             |                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    | 4. FEI Number<br>01-0748645                                                                                                                                                                                   |                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    | Applied For<br>Not Applicable                                                                                                                                                                                 |                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                      |                                                                                                                                                           |
| 6. Name and Address of Current Registered Agent<br>SPIEGEL & UTRERA, P.A.<br>1840 SOUTHWEST 22 STREET, 4TH FLOOR<br>MIAMI, FL 33146                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>PETER WEISBERG<br>Street Address (P.O. Box Number is Not Acceptable)<br>1221 BRICKELL AVENUE<br>9TH Floor, #0011<br>City<br>MIAMI FL Zip Code<br>33131 |                                                                                                                                                           |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                    | DATE<br>5/11/03                                                                                                                                                                                               |                                                                                                                                                           |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>AMANDI, FERNANDO A<br>7040 WEST PALMETTO PARK ROAD, STE. 2420<br>BOCA RATON, FL 33433 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | MGR<br>AMANDI, FERNANDO A.<br>1221 BRICKELL AVENUE, #0011<br>MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>FEIGER, JAMES<br>7040 WEST PALMETTO PARK ROAD, STE. 2420<br>BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | MGR<br>FARMER, MICHAEL<br>1221 BRICKELL AVENUE, #0011<br>MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | MGR<br>SMOGARD, GREG<br>1221 BRICKELL AVENUE, #0011<br>MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | MGR<br>WEISBERG, PETER<br>1221 BRICKELL AVENUE, #0011<br>MIAMI, FL 33131 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                         |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes. |                                                                                                                                    |                                                                                                                                                                                                               |                                                                                                                                                           |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                    | DATE<br>5/11/03                                                                                                                                                                                               |                                                                                                                                                           |
| SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                    | 561-271-1063                                                                                                                                                                                                  |                                                                                                                                                           |