


FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 017 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000028841 1. Entity Name AIRPORT EXECUTIVE CENTER PARTNERS, LLC	
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Principal Place of Business 7270 NW 12TH ST., PH 2 MIAMI, FL 33126	Mailing Address 7270 NW 12TH ST., PH 2 MIAMI, FL 33126
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20019734



2. Principal Place of Business 1150 NW 72nd Ave. Suite, Apt. #, etc. #620 City & State Miami, FL Zip 33126	3. Mailing Address 1150 NW 72nd Ave. Suite, Apt. #, etc. #620 City & State Miami, FL Zip 33126	
Country USA	Country USA	

02092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 84-1647735	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LIHAN, THOMAS A 2808 NE 24TH CT FORT LAUDERDALE, FL 32126	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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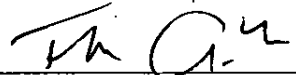
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EABC PARTNERS SPE, LLC C/O 7270 NW 12TH ST., PH 2 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1150 NW 72nd Ave. #620 Miami, FL 33126
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. 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 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: 	Date: 3/8/05	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		