


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
--	--

DO NOT WRITE IN THIS SPACE



02152006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2038504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLLO, TIBOR 100 SOUTH BISCAYNE BLVD., SUITE 1100 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLO, WAYNE 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HOLLO, JEROME 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BAER, STEVE 100 S BISCAYNE BLVD MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KATZ, LEONARD 100 S BISCAYNE BLVD 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: _____ **4/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #