


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90160 017 ***138.75

DOCUMENT # L04000090987

1. Entity Name
 EXECUTIVE & PROFESSIONAL MANAGEMENT SERVICES, LLC



Principal Place of Business Mailing Address
 100 SOUTH BISCAYNE BLVD., SUITE ~~1100~~ 100 SOUTH BISCAYNE BLVD., SUITE ~~1100~~
 MIAMI, FL 33131 MIAMI, FL 33131

50004880



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 100 S. Biscayne Blvd. 100 S Biscayne Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Ste 900 Ste 900

04092008 Chg-LLC CR2E083 (12/06)

City & State City & State
 miami FL miami FL
 Zip Country Zip Country
 33131 usa 33131 usa

4. FEI Number Applied For
 20-2038504 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~~ 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Ste 900
 City FL Zip Code

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	HOLLO, TIBOR	100 SOUTH BISCAYNE BLVD., SUITE 1100	MIAMI, FL 33131	<input type="checkbox"/>
MGR	HOLLO, WAYNE	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
MGR	HOLLO, JEROME	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
MGR	BAER, STEVE	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
MGR	KATZ, LEONARD	100 S BISCAYNE BLVD	MIAMI, FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Leonard Katz Date: 4.18.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE