FILED AM e

581-833-733 Daytime Phone #

ANNUAL REPORT				Feb 16, 2005 08:00	
1. Entity Nar	IMENT # M0200000 THE EACH PARK CENTRE 2 LL			Secre	etary of Stat
Principal Plan 15 MAIDEN SUITE 1300 NEW YORK,)	Mailing Address 15 MAIDEN LANE SUITE 1300 NEW YORK, NY 10038			
DO NOT WRITE IN THIS SPAC			CE	01112005No Chg-LLC CR	2E083 (10/03)
				NOT APPLICABLE 5. Certificate of Status Desired	Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Curren				
103 N. ME	L CORPORATE RESEARCH ERIDIAN STREET ISSEE, FL 32301	LTD. INC.		DO NOT WRIT	
8. The above the obliga SIGNATURE.	itions of registered agent.		ed office or registers d Agent signalure regured	ed agent, or both, in the State of Florida.	·
F	iling Fee is \$50.00 lue by May 1, 2005				
9.	MANAGING MEMB	ERS/MANAGERS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HELLER, MELVIN 15 MAIDEN LANE NEW YORK, NY 10038			U0000023199 02/16/05- 8 005	56 2-009 50.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			 		••
TITLE NAME STREET ADDRESS CUTY-ST-ZIP					

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 it made under eath; 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: MANAGEMENT MANAGEMENT AGENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES P. FAWGEST