


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90132 019 ****50.00

DOCUMENT # M01000001510

1. Entity Name
PUBLIC AFFAIRS MANAGEMENT, L.L.C.



Principal Place of Business
**ONE LIBERTY PLACE
PHILADELPHIA, PA 19103-7396**

Mailing Address
**ONE LIBERTY PLACE
PHILADELPHIA, PA 19103-7396**

14027166



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
c/o Duane Morris LLP
Suite, Apt. #, etc.
One Liberty Place, 42nd Fl.
City & State
Philadelphia, PA
Zip Country
19103-7396 USA

07212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
23-3044859

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ROJAS, LUIS
200 SOUTH BISCAYNE BLVD., STE. 3400
MIAMI, FL 33131-2397**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by September 8, 2004

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHACHMAN, STEPHEN ONE LIBERTY PLACE PHILADELPHIA, PA 191037396 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DAVIS, KENNETH E ONE LIBERTY PLACE PHILADELPHIA, PA 191037396 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGEL, MARK S ONE LIBERTY PLACE PHILADELPHIA, PA 191037396 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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:  **Stephen Schachman** *26 July 04* **215-979-1374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #