


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90051 047 ****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
**C/O DUANE MORRIS, LLP
 ONE LIBERTY PLACE, 42ND FL.
 PHILADELPHIA, PA 19103-7396**

2. Principal Place of Business
30 South 17th Street

3. Mailing Address
c/o Duane Morris LLP

Suite, Apt. #, etc.
30 South 17th Street

City & State
Philadelphia, PA

City & State
Philadelphia, PA

Zip
19103-4196

Country
USA



08042005 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

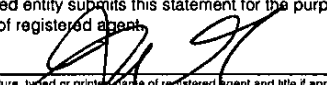
Name
-Joanne B. Erde

Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.

Suite 3400

City **Miami** **FL** Zip Code **33131**

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 **8/9/05**

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 September 7, 2005

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

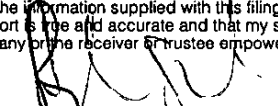
9. MANAGING MEMBERS/MANAGERS

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	MGRM DAVIS, KENNETH E ONE LIBERTY PLACE PHILADELPHIA, PA 191037396 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SINGEL, MARK S ONE LIBERTY PLACE PHILADELPHIA, PA 191037396 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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

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** DATE **8/9/05** 215-979-1374

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