


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022688

*WRS/20*  
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 AUG 18 PM 3:25

**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**

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

4. FEI Number: **23-3044859** Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$5.00 Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ROJAS, LUIS  
200 SOUTH BISCAYNE BLVD., STE. 3410  
MIAMI FL 33131-2198**

7. Name and Address of New Registered Agent  
Name: **Rojas, Luis**  
Street Address (P.O. Box Number is Not Acceptable): **200 South Biscayne Blvd., Suite 3400**  
City: **Miami** FL Zip Code: **33131-2397**

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHACHMAN, STEPHEN ONE LIBERTY PLACE PHILADELPHIA PA 19103-7396</b> <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	<b>MGRM DAVIS, KENNETH E ONE LIBERTY PLACE PHILADELPHIA PA 19103-7396</b> <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	<b>MGRM SINGEL, MARK S ONE LIBERTY PLACE PHILADELPHIA PA 19103-7396</b> <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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**300022376019**  
**08/18/03--01028--003 \*\*50.00**

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* **SIGNATURE REQUIRED** *Stephen Schachman*  
DATE: **7/24/03** 215 **979.1370**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone

CR2E083 (4/03)