## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000059065

Address:

City-St-Zip:

6 ORCHARD WAY

WARREN, NJ 07059

Entity Name: PMG SPE MEMBER CORPORATION

FILED Aug 04, 2006 Secretary of State

Current P	rincipal Place of Business:	New Principal Plac	e of Business:
5 EAST 17	7TH STREET SECOND FLOOR RK, NY 10003		
Current Mailing Address:		New Mailing Addre	ss:
	TH STREET SECOND FLOOR RK, NY 10003		
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:
4000 HOLI HOLLYWO	P., DENNIS J LYWOOD BLVD SUITE 265-S DOD, FL 33021 US Penamed entity submits this statement for the pu	urpose of changing its register	red office or registered agent, or both
in the State	e of Florida.		
SIGNATU			D -
Election Co.	Electronic Signature of Registered Agerman	nt	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	D ( ) Delete FELDMAN, ZIEL 120 SOUTH WOODLAND STREET ENGLEWOOD, NJ 07631	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete GOLDSTEIN, BRUCE M 20201 E COUNTRY CLUB DR. #702 HAMPTONS S. AVENTURA, FL 33180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ( ) Delete JOSEPH, ELLIOTT 80-88 TRYON PLACE JAMAICA, NY 11432	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () Delete MALONEY, KEVIN 500 EAST AVENUE NEW YORK, NY 10024	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name:	D () Delete SCHNEIDERMAN. MITCHELL	Title: Name:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: KEVIN MALONEY D 08/04/2006