2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT** 

**DOCUMENT # M03000002500** 

LB JÁX CHURCH STREET LLC

FILED

07 MAY -9 PM 3: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place of Business

C/O PAMI LLC 745 SEVENTH AVENUE NEW YORK, NY 10019 Mailing Address

70 HUDSON STREET JERSEY CITY, NJ 07302





03292007 No Chg-LLC CR2E083 (11/05)

4.	FEI Number
	20-0164459

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chains of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE_			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE_Registered Agent signature required when reinstating)	DATE
9	iling Fee is \$50.00 ue by May 1, 2007  MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	PAMI LLC		
STREET ADDRESS	745 SEVENTH AVENUE		
CITY-ST-7IP	NEW YORK NY 10019		

TITLE NAME STREET ADDRESS

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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

SI	GN	IAT	UR	E:

NAME STREET ADDRESS CITY-ST-7!P TITLE NAME STREET ADDRESS CITY-ST-ZIP

> OWEND. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Agron J. Guth

04/17/07 (201) 499-6899