


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Jul 01, 2005 8:00 A.M.
Secretary of State

DOCUMENT # F00000000025 1. Entity Name PAMI-LEMB VI INC.			
Principal Place of Business 745 SEENTH AVENUE NEW YORK, NY 10019 US		Mailing Address 101 HUDSON STREET 39TH FLOOR JERSEY CITY, NJ 07302 US	
2. Principal Place of Business 745 7th Avenue Suite, Apt. #, etc.		3. Mailing Address 70 Hudson Street Suite, Apt. #, etc. 10th Floor	
City & State NEW YORK, NY		City & State JERSEY CITY, NJ	
Zip 10019	Country	Zip 07302	Country
4. FEI Number 13-4088905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHO, YON K 745 SEENTH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 05-13-04-01075-006 \$ 3450 - \$150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH J 745 SEENTH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300057364313 07/12/05-01067-017 **450.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, BARRY J 101 HUDSON STREET JERSEY CITY, NJ 07302 <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	T FLYNN, KATHRYN M 745 SEENTH AVENUE NEW YORK, NY 10019 <input checked="" 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	S MARRE, JENNIFER S 745 SEENTH AVENUE NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary Brain Barry 745 Seventh Ave. New York, NY 10019
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
12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/19/06 (201) 499-6664 <small>Date Daytime Phone #</small>	

LEHMAN BROTHERS

June 14, 2005

State of Florida
Division of Corporations
Registration Division
409 E. Gaines Street
Tallahassee, FL 32399

Dear Sir/Madam:

Enclosed are the reinstatement forms for the following entities: PAMI Pablo Beach Inc. (F99000001256), PAMI-LEMB VI Inc. (F00000000025), and CP1 Real Estate Services Inc. (F93000004137). We never received correspondence pertaining to corrections on the annual reports. The appropriate fees are enclosed for the 2005 Annual Reports however, I hope that the reinstatement fees are waived in this matter. If you have any further inquiries, please contact Melissa Lieng at (201)499-6899 or at Melissa.lieng@lehman.com. Thank you for your patience.

Very truly yours,



Barry J. O'Brien
Vice President

BJOB/vp
Enclosures