



2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000025 1. Entity Name PAMI-LEMB VI INC.						FILED 07 MAY -9 PM 3:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State Zip Country		City & State Zip 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				04192007 Chg-P CR2E034 (12/06)			
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 FL Zip Code			
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)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500103022355 05/22/07--01035--001 **6900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANNERY, JOSEPH J 745 SEENTH AVENUE NEW YORK, NY 10019			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, BARRY J 101 HUDSON STREET JERSEY CITY, NJ 07302			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARRY, BRIAN 745 SEENTH AVENUE NEW YORK, NY 10019			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			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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>				Barry J. O'Brien 04/19/07 (201) 499-6899 <small>Date Daytime Phone #</small>			