

## 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90210 001 \*\*\*300.00

<b>DOCUMENT # F98000004689</b>				<b>DO NOT WRITE IN THIS SPACE</b>  	
1. Entity Name  <b>PAMI-FL-LEMB V Inc.</b>					
Principal Place of Business		Mailing Address			
2. Principal Place of Business <b>3 World Financial Center</b>		3. Mailing Address <b>101 Hudson Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>39th Floor</b>			
City & State <b>New York, NY</b>		City & State <b>Jersey City, NJ</b>			
Zip <b>10285</b>	Country <b>U.S.</b>	Zip <b>07302</b>	Country <b>U.S.</b>	4. FEI Number <b>Pending 13-4081902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>The Prentice-Hall Corporation System Inc. 1201 Hays Street Suite 105 Tallahassee, FL 32301</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State		
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>11. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Yon K. Cho</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete		<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>Barry J. O'Brien</b> <b>101 Hudson Street</b> <b>Jersey City, NJ 07302</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>Jennifer Marre</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT</b> <b>Kathryn M. Bopp-Flynn</b> <b>101 Hudson Street</b> <b>Jersey City, NJ 07302</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>Eileen M. Bannon</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>Edward J. Meylor</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:		Barry J. O'Brien		04/13/00 (201) 524-5822	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	