

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004689
1. Entity Name F98000004689
PAMI-FL LEMB V INC.

FILED
04 JUN -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 745 Seventh Ave Suite, Apt. #, etc.	3. Mailing Address 70 Hudson Street Suite, Apt. #, etc.
City & State New York, NY	City & State Jersey City, NJ
Zip 10019	Zip 07302
Country	Country

DO NOT WRITE IN THIS SPACE	
4. FEI Number 13-4081902	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7. Name and Address of Current Registered Agent	
Name THE PRENTICE-HALL CORP SYSTEM	
Street Address (P.O. Box Number is Not Acceptable)	
1201 Hays Street	
City Tallahassee	Zip Code FL 32301

000037673990
06/04/04--01061--001 **2000.00
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
P YON K. CHO 745 7th Ave New York, NY 10019	
V BARRY J. O'BRIEN 70 HUDSON ST JERSEY CITY, NJ 07302	
S JENNIFER MARRE 745 7th Ave. New York, NY 10019	
AT KATHRYN M. BOPP FLYNN 745 7TH AVE. NEW YORK, NY 10019	

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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 667, Florida Statutes, and that my name is to be printed in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:	BARRY J. O'BRIEN	4/26/04	201-499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #