## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## DOCUMENT # F98000004689 FILED 1. Entity Name PAMI-FL-LEMB V INC. 07 MAY -9 PM 3: 13 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 745 SEVENTH AVENUE **70 HUDSON STREET** NEW YORK, NY 10019 JERSEY CITY, NJ 07302 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04172007 Chg-P City & State City & State 4. FEI Number Applied For 13-4081902 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and bille if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE ☐ Addition CHO, YON K NAME --01025--STREET ADDRESS 745 SEVENTH AVENUE STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition O'BRIEN, BARRY J NAME NAME STREET ADDRESS 70 HUDSON ST STREET ADDRESS JERSEY CITY, NJ 07302 CITY-ST-ZIP CHTY-ST-7IP TITLE Delete ☐ Change TITLE ■ Addition NAME MARRE, JENNIFER NAME STREET ADDRESS 745 SEVENTH AVENUE STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BOPP FLYNN, KATHRYN M NAME NAME STREET ADDRESS 745 SEVENTH AVENUE STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10019 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

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(201) 499-4899