


2005 FOR PROFIT CORPORATION REINSTATEMENT

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

DOCUMENT # F99000001256					
1. Entity Name PAMI PABLO BEACH INC.					
Principal Place of Business 745 7TH AVE NEW YORK, NY 10019			Mailing Address 101 HUDSON ST. 39TH FLOOR JERSEY CITY, NJ 07302		
2. Principal Place of Business		3. Mailing Address 70 Hudson Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10th Floor			
City & State		City & State Jersey City, NJ			
Zip	Country	Zip 07302	Country	4. FEI Number 13-4074720	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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</small> <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCKENNA, CHRISTOPHER S 745 7TH AVE NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V O'BRIEN, BARRY J 101 HUDSON ST JERSEY CITY, NJ 07302	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MINERYA, DANIEL O 745 7TH AVE NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MARRE, JENNIFER 745 7TH AVE NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLANNERY, JOSEPH J 745 7TH AVE NEW YORK, NY 10019	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHO, YON K 745 7TH AVE NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	05-13-04 01075 006 \$3,450 - \$150 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	000057364340 07/12/05--01067--017 **450.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(AT) Assistant Treasurer Kathryn M. Bopp Flynn 745 7th Ave. New York, NY 10019 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Karen E. Blakey 745 7th Ave. New York, NY 10019 <input type="checkbox"/> Change <input checked="" 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: _____ 04/19/05 (201) 499-6664					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <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