2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000026006

Entity Name: PMG CONCESSION LLC

Current Principal Place of Business:	**New Principal Place of Business:**
FIVE E 17TH STREET SECOND FLOOR NEW YORK, NY 10003	FIVE EAST 17TH STREET SECOND FLOOR NEW YORK, NY 10003

Current Mailing Address:	**New Mailing Address:**
46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236	FIVE EAST 17TH STREET SECOND FLOOR NEW YORK, NY 10003

FEI Number: 20-0095801   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236 US	SILBERSTEIN, DAVID M 50 CENTRAL AVENUE SUITE 700 SARASOTA, FL 34236 US

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: DAVID M. SILBERSTEIN   12/17/2007

_____ Electronic Signature of Registered Agent _____   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MALONEY, KEVIN P	Name:	
Address:	FIVE E 17TH STREET, 2ND FLOOR	Address:	
City-St-Zip:	NEW YORK, NY 10003	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	FELDMAN, ZIEL	Name:	
Address:	FIVE E 17TH STREET, 2ND FLOOR	Address:	
City-St-Zip:	NEW YORK, NY 10003	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN P. MALONEY   MGRM   12/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date