
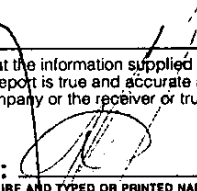


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90018 042 ****50.00

DOCUMENT # L04000062525 1. Entity Name PMG LONGBOAT, LLC					
Principal Place of Business 130 EAST 57TH STREET, 5TH FLOOR NEW YORK, NY 10022			Mailing Address 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236		
2. Principal Place of Business FIVE E. 17th STREET Suite, Apt. #, etc. SECOND FLOOR		3. Mailing Address Suite, Apt. #, etc.			
City & State NEW YORK, NY		City & State		4. FEI Number APPLIED FOR	
Zip 10003		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LPS CORPORATE SERVICES, INC. 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MALONEY, KEVIN P 130 EAST 57TH STREET, 5TH FLOOR NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY - ST - ZIP	FIVE E. 17th STREET - 2nd FLOOR NEW YORK NY 10003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FELDMAN, ZIEL 130 EAST 57TH STREET, 5TH FLOOR NEW YORK, NY 10022		TITLE NAME STREET ADDRESS CITY - ST - ZIP	FIVE E. 17th STREET - 2nd FLOOR NEW YORK NY 10003	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my 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: 			(212) 610-2800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		
KEVIN P. MALONEY, Manager					