## **2006 LIMITED LIABILITY COMPANY**

## May 05, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000039792 05-05-2006 90033 018 \*\*\*\*50.00 PMG BOCA CIEGA LLC Principal Place of Business Mailing Address ennadagg: ... 46 NORTH WASHINGTON BLVD., SUITE 1 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business FIVE E. 17th STREET 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-LLC CR2E083 (11/05) 2ND FLOOR City & State NEW YORK, NY 1003 City & State 4. FEI Number 20-2787561 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LPS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA, FL 34236 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE Detete XX Change TITLE ☐ Addition NAME ALONEY, KEVIN P MALONEY, KEVIN P. NAME 5 EAST 17TH STREET, 2ND FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 CITY-ST-ZIP MGR TITLE ☐ Delete ☐ Addition ☐ Change FELDMAN, ZIEL NAME NAME STREET ADDRESS 5 EAST 17TH STREET, 2ND FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE THUE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TM F ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 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 of truston empowers to execute this report as required by Chapter 608, Florida Statutes.

(212)

610-2800

Daytime Phone #

FILED

KEVIN P. MALONEY, MGR

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

ATTACHMENT

20044883 #L0500039792

LIVINGSTON, PATTERSON, STRICKLAND & SIEGEL, P.A.

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VICKIE L. SHESLER

April 12, 2006

Mr. Kevin P. Maloney c/o Mr. Richard Lam Property Markets Group Five E. 17<sup>th</sup> Street, 2<sup>nd</sup> Floor New York, NY 10003

Re:

PMG Boca Ciega LLC

2006 Limited Liability Company Annual Report

Dear Mr. Maloney:

Enclosed please find the 2006 Limited Liability Company Annual Report for the above-referenced limited liability company. Please review the Report and, if it meets with your approval, please sign the Report as indicated and forward it to the Department of State for processing at:

Florida Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Please note that you will also need to include a check in the amount of \$50.00 payable to the Department of State (check must be payable in United States Funds and through a United States Bank) with the Report. The Report must be filed with the State no later than May 1, 2006.

## ATTACHMENT

2004<u>4883</u> # 10500039792

If you have any questions regarding the enclosed Report, please do not hesitate to contact me.

Very truly yours,

LIVINGSTON, PATTERSON, STRICKLAND, & SIEGEL, P.A.

April A. Haley

Corporate Paralegal