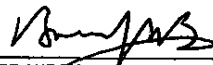


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 MAY 18 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> M01000002674 1. Entity Name LB FLORIDA PGA LLC				DO NOT WRITE IN THIS SPACE	
<b>2. Principal Place of Business</b> 745 SEVENTH AVE. Suite, Apt. #, etc.				<b>3. Mailing Address</b> 70 HUDSON STREET Suite, Apt. #, etc.	
City & State NEW YORK, NY Zip 10019		City & State JERSEY CITY, NJ Zip 07302		<b>4. FEI Number</b> 52-1982006	
DO NOT WRITE IN THIS SPACE				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>7. Name and Address of Current Registered Agent</b> Name THE PRENTICE-HALL CORP SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET City TALLAHASSEE FL Zip Code 32301				<b>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.</b> SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable.	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP PD JAMES MAHONEY 745 7TH AVE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY - ST - ZIP T ALPINO BENEDETTI 745 7TH AVE NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY - ST - ZIP S ANGELES VILLONGCO 745 7TH AVE. NEW YORK, NY 10019	
TITLE NAME STREET ADDRESS CITY - ST - ZIP AS AARON GUTH 745 7TH AVE. NEW YORK, NY 10019		TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE		TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE		TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE		TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE	
<b>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.</b>					
<b>SIGNATURE:</b>  <b>BARRY J. O'BRIAN</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				4/26/04 201-499-6664 Date Daytime Phone #	

CR2E083B (12/02)