2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000002674

Entity Name: LB FLORIDA PGA LLC

Address:

City-St-Zip:

745 7TH AVE.

NEW YORK, NY 10019

FILED May 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1271 SIXTH AVE. NEW YORK, NY 10019 NEW YORK, NY 10020 **Current Mailing Address: New Mailing Address:** 70 HUDSON ST 101 HUDSON ST. JERSEY CITY, NJ 07302 JERSEY CITY, NJ 07302 FEI Number: 52-1982006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Delete (X) Change () Addition MAHONEY, JAMES PAMI LLC Name: Name: Address: 745 7TH AVE. Address: 1271 SIXTH AVE. City-St-Zip: NEW YORK, NY 10019 City-St-Zip: NEW YORK, NY 10020 Title: (X) Delete Title: () Change () Addition BENEDETTI, ALPINO Name: Name: Address: 745 7TH AVE. Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: (X) Delete Title: () Change () Addition VILLONGCO, ANGELES Name: Name: Address: 745 7TH AVE. Address: City-St-Zip: NEW YORK, NY 10019 City-St-Zip: Title: AS (X) Delete Title: () Change () Addition GUTH, AARON Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: LINDA KLANG V 05/15/2009