

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000002682

1. Entity Name
PAMI LLC



Principal Place of Business
745 7TH AVENUE
NEW YORK, NY 10019 US

Mailing Address
70 HUDSON ST., 10TH FLOOR
JERSEY CITY, NJ 07302 US

[Handwritten signature]

FILED

05 MAY -2 PM 3:17

SECRET
TALLAHASSEE, FLORIDA



04182005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
52-2231923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROGAN, MARGUERITE M 745 7TH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHO, YON K 745 7TH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FLANNERY, JOSEPH J 745 7TH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCKENNA, CHRISTOPHER S 745 7TH AVENUE NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100054234611
05/10/05--01100--001 **\$200.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

[Handwritten signature]

Barry J. O'Brien

04/19/05

(201) 499-6664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #