

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -1 AM 9:42

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

DO NOT WRITE IN THIS SPACE

04072006No Chg-LLC

CR2E083 (11/05)

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BROGAN, MARGUERITE M
STREET ADDRESS 745 7TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE MGR
NAME CHO, YON K
STREET ADDRESS 745 7TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE MGR
NAME FLANNERY, JOSEPH J
STREET ADDRESS 745 7TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE MGR
NAME MCKENNA, CHRISTOPHER S
STREET ADDRESS 745 7TH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300074151869
05/09/06--01017--011. **1750.00

**DO NOT WRITE
IN THIS SPACE**

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

04/10/06 201 499-6899

Date

Daytime Phone #