

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M01000002682

1. Entity Name  
PAMI LLC



FILED

07 MAY -9 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

745 7TH AVENUE  
NEW YORK, NY 10019 US

Mailing Address

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



04172007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2007**

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	

700103022747  
05/22/07--01035--001 \*\*\$900.00

**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:

*Aaron J. Guth*

Aaron J. Guth

04/17/07

(201) 499-6899

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

Date

Daytime Phone #