

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**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**



03252008 No Chg-LLC

CR2E083 (12/07)

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

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

U000000907864  
05/05/08-80048-001 683.75

**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: \_\_\_\_\_

*Bonny J. Brown*

04/03/08

(201)499-6664

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

Date

Daytime Phone #