## LIMITED LIABIL. Y COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M02000000083

FILED

	2004	JUN	-9	PH	1:	26
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1. Entity Name								
LB SOUTH BEACH LLC		SECRETARY OF S TALLAHASSEE, FL	STATE LORIDA					
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[1] (1) [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	and the second							
2. Principal Place of Business 3. Mailing Ac		1						
745 SEVENTH AVE. 70 HUD Suite, Apt. #, etc. Suite, Apt.	SON STREET	4						
Suite, Apr.	. w, du	DO NOT WRITE IN THIS SP	ACE					
City & State City & Star	3	4. FEI Number	Applied For					
NEW YORK, NY JERSEY	CITY, NJ	13-4200025	Not Applicable 5.00 Additional					
10019 07302	Godiny	1. 5. Certificate of Status Desired   1.	ee Required					
DO NOT WRITE IN THIS SPAC		7. Name and Address of Current Registered	Agent					
		Name CORPORATION SERVICES COMPANY						
		Street Address (P.O. Box Number is Not Acceptable)						
and the second s			·					
	1201 H7	AYS STREET	7ia Carla					
	TALLAHA	ASSE FL	Zip Code 32301					
8. The above named entity submits this statement for the purpose	e of changing its registered office or r	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	e if applicable.		DATE					
	FEE IS \$50.00	5/12/04-1010	75-0(Va :					
Make Che	ck Payable to Florida Departm	ent of State	200 451					
9. MANAGING MEMBERS/MANAGERS	DUE BY MAY 1	14. 14. 1000 Jan 14.						
TITLE Wanger Phylin	me and a look		CR2E083B (12/02)					
NAME PAMI LLC	NUE	en e						
STREET ADDRESS 745 7TH AVE CITY-SI-ZIP NEW YORK, NY 10019	STREET ACORESS		88					
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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 508, Florida Statutes.

SIGNATURE:

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

MGR.4/26/04 201-499-6664