LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # M0200000083 1. Entity Name LB SOUTH BEACH LLC					The second of th	
					03 MAY 12 PM 12: 20	
DO NOT WRITE IN THIS SP				E	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F	Place of Business	3. Mailing Address		* <u>; </u>	•	·
745 7TH AVE 101 HUDSON STRR			RRET	 _		
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. 39 TH FLOOR		DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State			4. FEI Number	Applied For
	ORK, N.Y.	JERSEY CITY, N.J.			Not Applicable	
Zip 10019	Country	07302	Countr	^y	5. Certificate of Status Desired	\$5.00 Additional Fee Required
					7. Name and Address of Current Register	ered Agent
DO NOT WRITE				Name CORPORATIO	ON SERVICES COMPANY	-
				Street Address (F	P.O. Box Number is Not Acceptable) STREET	- ,
,	IN THIS SP	PACE				-
				City		Zip Code
9. The above	named antity submits this statement f	the ourpose of changing its	n registeres	TALLAHAS	SE ed agent, or both, in the State of Florida. I a	_
	tions of registered agent.	or the purpose of orlanging its	o registeret	a onice or register	ed agent, or both, in the state of Florida. Fa	am lamiliar with, and accept
SIGNATURE					,	;
SIGNATORE	Signature, typed or printed name of registered agent				DA	TE !
		Make Check Payer	FEE IS \$	50.00		Tames Square strange
		Midro Officer 1 dyal	DUE BY	MAY 1	ni <mark>of Sta<u>e</u>ri) [] [] 1 2 3 1 1 3 1 1 3 1 1 1</mark>	**150.00
9. MANAGING MEMBERS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER PAMI LLC 745 7TH AVE NEW YORK, N.Y. 10019		- TITLE NAME STREET - CITY-S	ADDRESS T-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	ADDRESS T-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			* TITLE NAME * STREET 2 CITY- S	ADDRESS	DO NOT WR	NITE -
TITLE			TITLE	1-21- a # 1		
NAME			NAME		IN THIS SPA	ICE
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TITLE			mile'-			
NAME			NAME			
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-7IP		
TITLE			TITLE	trees a		
NAME		e .	NAMÉ			
STREET ADDRESS I	ĺ		STREET	ADDRESS.	A CONTRACT A CONTRACT OF A SALE	· · · · · · · · · · · · · · · · · · ·

11. Thereby 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.

CITY-ST-ZIP

CITY-ST-ZIP

AARON J. GUTH AUTHORIZED SIGNATOR

4-28-03

201-524-5430

SIGNATURE: ARON J. GUTH AUTHORIZED SIGNAT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #