

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

DOCUMENT # <i>MO2 000000068</i>
1. Entity Name LB MERIDIAN LLC

FILED
2004 MAY 24 AM 8:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 745 SEVENTH AVE <small>Suite, Apt. #, etc.</small>	3. Mailing Address 70 HUDSON STREET <small>Suite, Apt. #, etc.</small>
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City & State NEW YORK, N.Y.	City & State JERSEY CITY, NJ
Zip 10019	Zip 07302

4. FEI Number PENDING	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of Current Registered Agent	
Name CORPORATION SERVICES COMPANY	
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
City TALLAHASSEE	Zip Code FL 32301

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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	900037578399 02/04--01051--002 **100.00
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>MGRM</i> PAMI LLC 745 7TH AVE NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 608, Florida Statutes.

SIGNATURE: <i>Barry J. O'Brien</i>	Barry J. O'Brien	4/26/04	201-499-6899
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E083B (12/02)