


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M03000000949</b> 1. Entity Name LOEWS ST. PETE MANAGER LLC	
--	---

Principal Place of Business 667 MADISON AVENUE NEW YORK, NY 10021	Mailing Address 667 MADISON AVENUE NEW YORK, NY 10021
---	---



03262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 81-0604881	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
---

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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	DCE TISCH, JONATHAN M 667 MADISON AVE NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADLER, JACK 667 MADISON AVENUE NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZARIN, GLENN P 667 MADISON AVENUE NEW YORK, NY 100218087
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNY, JOHN J 655 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DESMOND, DENIS R 655 MADISON AVENUE NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCEF DUNLEAVY, VINCENT P 667 MADISON AVE NEW YORK, NY 100218087

<p>U000000694094 04/17/07-80004-004 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
--

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:**  **DENIS R. DESMOND** **3/29/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #