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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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LIMITED LIABILITY REINSTATEMENT

LB SOUTH BEACH MANAGER LLC

Certificate of Status	0
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Page Count	023
Estimated Charge	\$655.00

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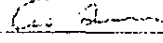
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # M05000001064																											
1. Limited Liability Company's Name LB South Beach Manager LLC																											
2. Principal Office Address - No P.O. Box # 1271 6th Avenue Suite, Apt., Etc. New York, NY City & State Zip 10020		3. Mailing Office Address same as principal address Suite, Apt., Etc. City & State Zip New York																									
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 3/1/05																									
6. FLS Number ☒ Applied For ☐ Not Applicable		7. CERTIFICATE OF STATUS DECISION ☐ \$500 Additional Fee ☒ \$0 Conditional Status																									
8. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street State, Apt., Etc. City Tallahassee																											
9. I, being appointed the registered agent of the above named Limited Liability Company, am familiar with and accept the obligations of Chapter 506, F.S. Signature of Registered Agent  Carina L. Dunlap Asst. Vice President Date 8/6/09 REGISTERED AGENT MUST SIGN																											
10. Name and Street Address of Managing Member/Manager <table border="1"> <thead> <tr> <th>TRAX</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>PAMI LLC, sole member</td> <td>1271 6th Ave</td> <td>New York, NY 10020</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				TRAX	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City/State/Zip	MGRM	PAMI LLC, sole member	1271 6th Ave	New York, NY 10020																
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REINSTATEMENT 06-09 AL																											
11. I certify that I am managing member/manager of the above or trustee empowered to execute this application as provided for in Chapter 506, F.S. I further certify that when this reinstatement application is received for consideration, the reason for delinquency has been rectified, the limited liability company name matches the requirements of Section 506.101 F.S., and that all fees owed by the limited liability company have been paid. The information provided on this application is in a true and accurate, and my signature shall have the same legal effect as if made under oath.																											
Signature of Managing Member/Manager  Date 8/5/09 Daytime Phone 646 333 9668																											
Typed or printed name of signing Managing Member/Manager Aaron Guth, Assistant Secretary of sole member PAMI LLC																											

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