Florida Department of State

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

RESUBMIT
Please file original submission date as the date.

LIMITED LIABILITY REINSTATEMENT

LB SOUTH BEACH MANAGER LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 2
Estimated Charge	$655.00

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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

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1271 6th Avenue	same as principal address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State
Zip: 10020 Country: New York	Zip Country

4. State/Country of Formation: DE

5. Date Organized or Qualified (To Do Business in Florida): 3/1/05

6. EIN Number: Applied For ☐ Not Applicable ☑

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required For a Certificate of 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

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 23301

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I hereby accept the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Carina L. Dunlap Asst. Vice President Date: 8/6/09
REGISTERED AGENT MUST SIGN

10. Name(s) and Street Address(es) of Managing Members/Managers

Title	Name(s) of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	PAMI LLC, sole member	1271 6th Ave	New York, NY 10020

REINSTATEMENT 06-09

AL

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution have been eliminated, the limited liability company name satisfies the requirements of section 608.508, F.S., and that all fees owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] 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