

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001395

FILED
Jan 11, 2005
Secretary of State

Entity Name: 3 FISH, L.L.C.

Current Principal Place of Business:

C/O CARL KUEHNER BLDG AND LAND TECH.
501 MERRITT 7 - PENTHOUSE
NORWALK, CT 06851

New Principal Place of Business:

Current Mailing Address:

C/O CARL KUEHNER BLDG AND LAND TECH.
501 MERRITT 7 - PENTHOUSE
NORWALK, CT 06851

New Mailing Address:

FEI Number: 04-3638292

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEA, JOHN J
2940 S. TAMIAMI TRAIL
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CALLANEN, PHILIP E
Address: 3410 FLAMINGO AVE.
City-St-Zip: SARASOTA, FL 34242

Title: MGR () Delete
Name: KUEHNER, CARL R III
Address: 44 OLD ROCK RD
City-St-Zip: NORWALK, CT 06852

Title: MGR () Delete
Name: BROWN, NORMAN H JR.
Address: 10 HILLTOP RD
City-St-Zip: NORWALK, CT 06854

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PHILIP E. CALLANEN

MGR

01/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date