2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000006095

1. Entity Name
5 FISH, L.L.C.

Principal Place of Business	Mailing Address
C/O GALLEON HOLDINGS, INC. 1510 SOUTH TUTTLE AVENUE SARASOTA, FL 34239	C/O GALLEON HOLDINGS, INC. 1510 SOUTH TUTTLE AVENUE SARASOTA, FL 34239

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04112008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
27-0048440

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SHEA, JOHN
269 S. OSPREY AVE
SUITE 100
SARASOTA, FL 34239

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CALLANEN, PHILIP E
STREET ADDRESS	3410 FLAMINGO AVENUE
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	MGRM
NAME	HILLTOP ADVISORS, LLC
STREET ADDRESS	82 SHADY KNOLL LANE
CITY-ST-ZIP	NEW CANAAN, CT 06840
TITLE	MGRM
NAME	KUEHNER, CARL
STREET ADDRESS	12 VALLEY RD
CITY-ST-ZIP	NORWALK, CT 06854
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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: Trudo Letscher II 4/29/08 941-366-9573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #