

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069405

Entity Name: PISCIS FUND, LLC

FILED
Apr 19, 2007
Secretary of State

Current Principal Place of Business:

750 NE 90 STREET
805
MIAMI, FL 33138

New Principal Place of Business:

4981 HOOK HOLLOW CIRCLE
ORLANDO, FL 32837

Current Mailing Address:

750 NE 90 STREET
805
MIAMI, FL 33138

New Mailing Address:

4981 HOOK HOLLOW CIRCLE
ORLANDO, FL 32837

FEI Number: 20-1661016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZONI, FERNANDO
600 BRICKELL AVENUE, STE. 503
MIAMI, FL 33131 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/MANAGERS:

Title: MGR () Delete
Name: GESUITI, LUCIANO M
Address: 750 NE 90 STREET UNIT #805
City-St-Zip: MIAMI, FL 33138

Title: MGR () Delete
Name: BERTERAME, MAXIMILIANO G
Address: 750 NE 90 STREET UNIT #805
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GESUITI, LUCIANO M
Address: 4981 HOOK HOLLOW CIRCLE
City-St-Zip: ORLANDO, FL 32837

Title: MGR (X) Change () Addition
Name: BERTERAME, MAXIMILIANO G
Address: 4981 HOOK HOLLOW CIRCLE
City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LUCIANO GESUITI

MGR

04/19/2007

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