


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000092496

1. Entity Name
FISHER ISLAND HOLDINGS, LLC



FILED
07 FEB 20 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 US
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01232007 No Chg-LLC		CR2E083 (11/05)
4. FEI Number 58-2405176	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DE LA CRUZ, LUIS JR.
2 ALHAMBRA PLAZA, PH2-C
CORAL GABLES, FL 33134

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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)

Filing Fee is \$50.00 Due by May 1, 2007

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03/19/07--01002--013 **100.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	FISHER ISLAND INVESTMENTS, INC.
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	P
NAME	DENAIN, CEDRIK
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	VP
NAME	SILVA, GAELE
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	S
NAME	DIEUDE, CARINE
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	T
NAME	SOSA, ROBERTO
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	IM
NAME	HAY, SUZANNE M
STREET ADDRESS	2711 CENTERVILLE RD
CITY-ST-ZIP	WILMINGTON, DE

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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:  **2/5/07** **305-535-6056**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #