

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092496

FILED
Apr 22, 2008
Secretary of State

Entity Name: FISHER ISLAND HOLDINGS, LLC

Current Principal Place of Business:

ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

Current Mailing Address:

ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109 US

New Mailing Address:

FEI Number: 58-2405176 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

REBAK, JOSEPH L
1441 BRICKELL AVENUE, 15TH FLOOR
MIAMI, FL 33131 US

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: JOSEPH L REBAK

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FONG, MICHAEL
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: VP () Delete
Name: SILVA, GAELE
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: S () Delete
Name: DIEUDE, CARINE
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: T () Delete
Name: SOSA, ROBERTO
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: IM (X) Delete
Name: HAY, SUZANNE M
Address: 2711 CENTERVILLE RD
City-St-Zip: WILMINGTON, DE

ADDITIONS/CHANGES:

Title: P/T (X) Change () Addition
Name: SOSA, ROBERTO A
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

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

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

Title: IM (X) Change () Addition
Name: HAY, SUZANNE M
Address: 2711 CENTERVILLE RD
City-St-Zip: WILMINGTON, DE

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERTO A SOSA

P

04/22/2008

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