2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR

FILED Feb 19, 2007 8:00 am Secretary of State

DOCUMENT # L05000026305 1. Entity Name BILLFISH INVESTMENTS, LLC						02-19-2007 90192 015 ****50					50.00	
Principal Plac 1111 BRICKI SUITE 2802 MIAMI, FL 3	ELL AVENUE		Mailing Address 1111 BRICKELL AVENUE SUITE 2802 MIAMI, FL 33131			-		NIN 4181 4071 0011 00			11 1 411 4 51 1	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0216	2007	Chg-ഥC		83 (12/06)		
City & State			City & State			Number	20-8/ ±•••	968/4	/ Ap	plied For t Applicable		
Zip	Country		Zip	Cour	itry			of Status Desired		\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
DICKERSON, LYMAN B 1111 BRICKELL AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
SUITE 2802 MIAMI, FL 33131												
					City				FL	Zip Code		
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 Signature, typed or printed name of registered agent and tritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE												
Filling Fee is \$50.00 Due by May 1, 2007									e check p a Departm	ayable to ent of State	,	
9.		MANAGING MEMBE	RS/MANAGERS	÷ ,	#1E.#L		ADDITIONS	/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		SON, LYMAN B CKELL AVENUE SUITE L 33131								☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		1					☐ Change	☐ Addition	
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 emphasized to execute this report as required by Chapter 608, Florida Statutes.												