


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90152 039 \*\*\*138.75

<b>DOCUMENT # L07000082862</b>	
1. Entity Name <b>FISHERMAN ASSET MANAGEMENT, LLC</b>	

Principal Place of Business <b>424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US</b>	Mailing Address <b>424 E CENTRAL BLVD # 106 ORLANDO, FL 32801 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2015 S TUTTLE AVE</b>	3. Mailing Address <b>2015 S TUTTLE AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>SARASOTA FL</b>	City & State <b>SARASOTA FL</b>
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Zip <b>34239</b>	Country <b>USA</b>	Zip <b>34239</b>	Country <b>USA</b>
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01222008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>98-0546312</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>SZAFRICS, IMRE 424 E CENTRAL BLVD # 106 ORLANDO, FL 32801</b>	

7. Name and Address of New Registered Agent	
Name <b>Imworld Services, Inc</b>	
Street Address (P.O. Box Number is Not Acceptable)	
<b>424 E Central Blvd # 106</b>	
City <b>Orlando</b>	FL Zip Code <b>32801</b>

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  **Imre Szafrics** DATE **1/22/2008**

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

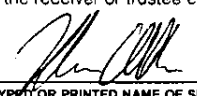
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BERKI, JANOS TITELI UTCA 6/A SZEGED, HU 6729</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HALASZ, ATTILA MANDULA UTCA 27 DIOSD, HU 2049</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ATTILA HALASZ** Date **25/03/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE