


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 002 ****50.00

DOCUMENT # M03000004245 1. Entity Name PYRAMID ACQUISITION MANAGEMENT LLC	
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Principal Place of Business C/O PYRAMID ADVISORS LLC 260 FRANKLIN ST, STE 1540 BOSTON, MA 02110	Mailing Address C/O PYRAMID ADVISORS LLC 260 FRANKLIN ST, STE 1540 BOSTON, MA 02110
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2. Principal Place of Business - No P.O. Box # C/O Pyramid Advisors LLC One Post Office Square, Suite 3100 Boston, MA 02109	3. Mailing Address C/O Pyramid Advisors LLC One Post Office Square, Suite 3100 Boston, MA 02109
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06182007 Chg-LLC CR2E083 (12/06)

Zip	Country	Zip	Country
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4. FEI Number 04-3505086	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR KELLEHER, RICHARD M <input type="checkbox"/> Delete	TITLE	One Post Office Square, Suite 3100 Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	260 FRANKLIN ST, STE 1540	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02110	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	One Post Office Square, Suite 3100 Boston, MA 02109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Richard M Kelleher* 06/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE