

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000004245

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** PYRAMID ACQUISITION MANAGEMENT LLC

**Current Principal Place of Business:**

C/O PYRAMID ADVISORS LLC  
ONE POST OFFICE SQUARE STE 3100  
BOSTON, MA 02109

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PYRAMID ADVISORS LLC  
ONE POST OFFICE SQUARE STE 3100  
BOSTON, MA 02109

**New Mailing Address:**

**FEI Number:** 04-3505086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KELLEHER, RICHARD M  
**Address:** ONE POST OFFICE SQUARE STE 3100  
**City-St-Zip:** BOSTON, MA 02109

**Title:** MGR  
**Name:** FIELDS, WARREN Q  
**Address:** ONE POST OFFICE SQUARE STE 3100  
**City-St-Zip:** BOSTON, MA 02109

I hereby 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: AARON EMERSON

POA

05/03/2010

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