

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003389

FILED
Apr 14, 2009
Secretary of State

Entity Name: PYRAMID/CONTRARIAN MANAGEMENT LLC

Current Principal Place of Business:

C/O PYRAMID ADVISORS LLC
ONE POST OFFICE SQUARE STE 3100
BOSTON, MA 02119

New Principal Place of Business:

Current Mailing Address:

C/O PYRAMID ADVISORS LLC
ONE POST OFFICE SQUARE STE 3100
BOSTON, MA 02119

New Mailing Address:

FEI Number: 20-2191916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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 () Delete
Name: BOOTH, WILLIAM D JR.
Address: 1071 CAMELBACK ST., SUITE 111
City-St-Zip: NEWPORT BEACH, CA 926603228

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

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

ADDITIONS/CHANGES:

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

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

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: WARREN Q FIELDS

MGR

04/14/2009

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