

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000003426

FILED
Oct 19, 2006
Secretary of State

Entity Name: FRI FISH LLC

Current Principal Place of Business:

1251 AVENUE OF THE AMERICAS, 16TH FLOOR
NEW YORK, NY 10020

New Principal Place of Business:

1345 AVENUE OF THE AMERICAS
46TH FL
NEW YORK, NY 10105

Current Mailing Address:

1251 AVENUE OF THE AMERICAS, 16TH FLOOR
NEW YORK, NY 10020

New Mailing Address:

1345 AVENUE OF THE AMERICAS
46TH FL
NEW YORK, NY 10105

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

NATIONAL CORPORATE RESEARCH, LTD.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: WAYNE RAFANELLI

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: FORTRESS REALTY INVE, STMENTS LLC
Address: 1251 AVENUE OF THE AMERICAS, 16TH FLOOR
City-St-Zip: NEW YORK, NY 10020

Title: MGRM (X) Change () Addition
Name: FORTRESS REALTY INVE, STMENTS LLC
Address: 1345 AVENUE OF THE AMERICAS, 46TH FLOOR
City-St-Zip: NEW YORK, NY 10105

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID PETTIJOHN

MGR

10/19/2006

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