## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M05000003426** 

1. Entity Name FRI FISH LLC



FILED Jan 17, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

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



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01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE
Filing Fee is \$50.00 Due by <del>M</del> ay 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTRESS REALTY INVESTMENTS LLC 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105		U00000589785 01/18/07-80030-011 50.80
TITLE NAME STREET ADDRESS CHY-ST-ZIP			•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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			

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

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. OR AUTHORIZED REPRESENTATIVE

Date Date

Dayling Phone #