2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000003426

1. Entity Name FRI FISH LLC



FILED
Jan 18, 2008 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



DO NOT WRITE IN THIS SPACE

01022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	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

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	named entity submits this statement for the purpose of changi ions of registered agent.	ing its registered office or registered agent, or both.	in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOWIII FEE IS \$138.75 71, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FORTRESS REALTY INVESTMENTS LLC 1345 AVENUE OF THE AMERICAS, 46TH FLOOR NEW YORK, NY 10105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	NOT WRITE
THE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby o	certify that the information supplied with this filing does not que	alify for the exemptions contained in Chapter 119, I	Florida Statutes. I further certify that the information

11. Thereby 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 outh; that I am a managing member or manager of the limited liability company or the receiver at trustee ampowered 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

Daytime Phone #