

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003665

Entity Name: BLOWFISH LLC

FILED
Jan 06, 2009
Secretary of State

Current Principal Place of Business:

1090 KING GEORGES POST ROAD
STE 609
EDISON, NJ 08818

New Principal Place of Business:

1090 KING GEORGES POST ROAD
STE 609
EDISON, NJ 08837

Current Mailing Address:

1090 KING GEORGES POST ROAD
STE 609
EDISON, NJ 08818

New Mailing Address:

1090 KING GEORGES POST ROAD
STE 609
EDISON, NJ 08837

FEI Number: 20-4808315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, DAVID
2321 NW 66TH DRIVE
BOCA RATON, FL 33496 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: MGRM () Delete
Name: WEISS, DONALD
Address: 1090 KING GEORGES POST ROAD, STE 609
City-St-Zip: EDISON, NJ 08818

Title: MGRM () Delete
Name: HOYT, STEPHEN
Address: 1090 KING GEORGES POST ROAD, STE 609
City-St-Zip: EDISON, NJ 08818

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEISS, DONALD
Address: 1090 KING GEORGES POST ROAD, STE 609
City-St-Zip: EDISON, NJ 08837

Title: MGRM (X) Change () Addition
Name: HOYT, STEPHEN
Address: 1090 KING GEORGES POST ROAD, STE 609
City-St-Zip: EDISON, NJ 08837

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: DONALD WEISS

MGRM

01/06/2009

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