

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084921

FILED
Apr 23, 2009
Secretary of State

Entity Name: RAYMOND JAMES RESEARCH SERVICES, L.L.C.

Current Principal Place of Business:

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

PO BOX 12749
ST. PETERSBURG, FL 337332749

New Mailing Address:

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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: MGRM () Delete
Name: TROCIN, JEFFREY E
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: ANASTASI, ROBERT P
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: CRITCHLOW, JOHN N
Address: 880 CARILLON PARKWAY
City-St-Zip: ST. PETERSBURG, FL 33716

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: JEFFREY E TROCIN

MGRM

04/23/2009

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