

03 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0073291

DOCUMENT # M02000000970

1. Entity Name

BEAR STEARNS HOLDINGS LLC



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business

383 MADISON AVENUE
NEW YORK NY 10179

Mailing Address

383 MADISON AVENUE
NEW YORK NY 10179

2. Principal Place of Business

383 Madison Avenue
Suite, Apt. #, etc.

3. Mailing Address

115 S. Jefferson Rd.,
Suite, Apt. #, etc.

City & State

New York, NY 10179-0024

City & State

Whippany, NJ 07981

4. FEI Number

13-3542027

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM (Managing Member) Bear Stearns Capital Markets Inc. 383 Madison Avenue New York, NY 10179-0024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		400017815884 05/01/03--01041--006 **\$0.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Kenneth L. Edlow* KENNETH L. EDLOW

Kenneth L. Edlow
Secretary of Member

04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)