2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M03000003919

1. Entity Name
FIRST NEW YORK SECURITIES, L.P., L.L.C.

Principal Place of Business	Mailing Address
850 THIRD AVE, 17TH FLOOR NEW YORK, NY 10022	850 THIRD AVE, 17TH FLOOR NEW YORK, NY 10022

DO NOT WRITE IN THIS SPACE

01032007No Chg-LLC CR2E083 (11/05)

4. FEI Number
13-3270745
☐ Applied For
☐ Not Applicable

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ERENBERG, DONALD
STREET ADDRESS	870 UN PLAZA
CITY-ST-ZIP	NEW YORK, NY 10017
TITLE	MGRM
NAME	FRIEDMAN, MICHAEL
STREET ADDRESS	150 CENTRAL PARK SOUTH
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	MGRM
NAME	HEINEMANN, STEVEN
STREET ADDRESS	106 GOOSE HILL RD
CITY-ST-ZIP	COLD SPRING HARBOR, NY 11724
TITLE	MGRM
NAME	SUFIAN, HARRIS
STREET ADDRESS	47 MEADOW ROAD
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	MGRM
NAME	MOTSCHWILLER, DONALD
STREET ADDRESS	2 HORSE HILL RD
CITY-ST-ZIP	BROOKVILLE, NY 11545
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80003-001 50.00

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11. I hereby certify that the information supplied with this filing 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 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 Daytime Phone #