

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000003919

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



Principal Place of Business

**90 PARK AVE.
NEW YORK, NY 10016**

Mailing Address

**90 PARK AVE.
NEW YORK, NY 10016**



01032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
After May 1, 2008 Fee will be \$538.75

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	

U000000781786
01/15/08-80049-004 138.75

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IN THIS SPACE**

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

Harris Sufian January 3, 2008 212-331-6853

Date

Daytime Phone #