

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002198

FILED
May 12, 2005
Secretary of State

Entity Name: BABSON CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

ONE MEMORIAL DRIVE
CAMBRIDGE, MA 021421300

New Principal Place of Business:

Current Mailing Address:

ONE MEMORIAL DRIVE
CAMBRIDGE, MA 021421300

New Mailing Address:

FEI Number: 51-0504477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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/MEMBERS:

Title: MGR () Delete
Name: REESE, STUART H
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title: MGR () Delete
Name: LIGUORI, ROBERT
Address: 1295 STATE STREET
City-St-Zip: SPRINGFIELD, MA 01111

Title: MGR () Delete
Name: CRANDALL, ROGER W
Address: 1500 MAIN STREET
City-St-Zip: SPRINGFIELD, MA 01115

Title: MGR () Delete
Name: GLAVIN, WILLIAM F JR
Address: ONE MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 021421300

Title: MGR () Delete
Name: MCCLINTOCK, KEVIN M
Address: ONE MEMORIAL DRIVE
City-St-Zip: CAMBRIDGE, MA 021421300

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: BRENNAN, DAVID J
Address: 155 BISHOPSGATE
City-St-Zip: LONDON, UK EC2M 3XY UK

Title: () Delete
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM F. GLAVIN

MGR

05/12/2005

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