

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90078 021 ****55.00

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01082004 Chg-LLC CR2E083 (10/03)

DOCUMENT # M99000000557
 1. Entity Name
 PARK AVENUE SECURITIES LLC



Principal Place of Business: 7 HANOVER SQUARE, NEW YORK, NY 10004
 Mailing Address: 81 HIGHLAND AVE., MAIL STATION A-259, BETHLEHEM, PA 18017

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: City & State
 Zip: Country

4. FEI Number: 13-4023176
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____
Filing Fee is \$50.00 Due by May 1, 2004
Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	
TITLE: P NAME: MACK, JOANNE B STREET ADDRESS: 40 EAST 10TH STREET CITY-ST-ZIP: NEW YORK, NY 10003	<input type="checkbox"/> Delete
TITLE: VP NAME: NURGE-ALWS, THERESA STREET ADDRESS: 12 SURREY ROAD CITY-ST-ZIP: MASSAPEQUA, NY 11758	<input type="checkbox"/> Delete
TITLE: VP NAME: BURNS, WILLIAM J STREET ADDRESS: 206 BURNS STREET CITY-ST-ZIP: FOREST HILLS, NY 11375	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: CLEMENTS, JAMES E STREET ADDRESS: 88 SKYTOP ROAD CITY-ST-ZIP: NEWTON, NJ 07860	<input type="checkbox"/> Delete
TITLE: MGR NAME: SARGENT, JOSEPH D STREET ADDRESS: 7 HANOVER SQUARE CITY-ST-ZIP: NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete
TITLE: MGR NAME: JONES, FRANK J STREET ADDRESS: 7 HANOVER SQUARE CITY-ST-ZIP: NEW YORK, NY 10004	<input checked="" type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See attached

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: Joseph A. Caruso Date: 2-1-04 Daytime Phone #: 610.807.7291
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JOSEPH A. CARUSO, MANAGER