

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-09-2005 90008 004 ****50.00



| | |
|--|--|
| 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 | 3. Mailing Address 7 Hanover Square |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. H4A |
| City & State | City & State New York, NY |
| Zip | Country USA |
| Country | Zip 10004 |



1st MOORE CR2E083 (10/04)

| | |
|--|--|
| 4. FEI Number 13-4023176 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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 | State 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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MACK, JOANNE B 40 EAST 10TH STREET NEW YORK NY 10003 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NURGE-ALWS, THERESA 12 SURREY ROAD MASSAPEQUA NY 11758 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLEMENTS, JAMES E 88 SKYTOP ROAD NEWTON NJ 07860 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | * See Attached list <input type="checkbox"/> Delete | 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"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: X **3/2/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

20019585

#149900000557

PARK AVENUE SECURITIES LLC
7 Hanover Square, New York, New York 10004
As of December 31, 2004

Managers

| NAME | TITLE | BUSINESS ADDRESS |
|-------------------|--------------|--------------------------------------|
| Robert E. Broatch | Manager | 7 Hanover Square, New York, NY 10004 |
| Joseph A. Caruso | Manager | 7 Hanover Square, New York, NY 10004 |
| Armand M. dePalo | Manager | 7 Hanover Square, New York, NY 10004 |
| Bruce C. Long | Manager | 7 Hanover Square, New York, NY 10004 |
| Gary B. Lenderink | Manager | 7 Hanover Square, New York, NY 10004 |
| Dennis J. Manning | Manager | 7 Hanover Square, New York, NY 10004 |

Member

| NAME | % of Ownership | FED ID # | BUSINESS ADDRESS |
|--|-----------------------|-----------------|--------------------------------------|
| The Guardian Insurance & Annuity Company, Inc. | Sole Member (100%) | 13-2656036 | 7 Hanover Square, NY, New York 10004 |