


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # M99000000557


1. Entity Name
PARK AVENUE SECURITIES LLC



Principal Place of Business
7 HANOVER SQUARE
NEW YORK, NY 10004 US

Mailing Address
7 HANOVER SQ
H4D
NEW YORK, NY 10004 US

DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4023176	Applied For 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

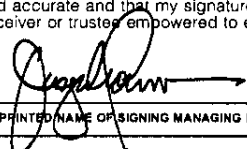
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROATCH, ROBERT E 7 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARUSO, JOSEPH A 7 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEPALO, ARMAND M 7 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LONG, BRUCE C 7 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LENDERINK, GARY B 7 HANOVER SQUARE NEW YORK, NY 10004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNING, DENNIS J 7 HANOVER SQUARE NEW YORK, NY 10004

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 05/02/07-80100-020 50.00

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:  Date: **4/9/2007** Daytime Phone #: **212 919 3533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #