

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90244 023 ****50.00

DOCUMENT # M99000001304 1. Entity Name AXA ADVISORS, LLC					
Principal Place of Business 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104			Mailing Address 1290 AVENUE OF THE AMERICAS ATTN: B FISCHER - 12TH FLR NEW YORK, NY 10104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FEI Number 13-4071393		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For Not Applicable		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JONES, ROBERT S 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEPHERDSON, JAMES A 1290 AVENUE OF THE AMERICAS NEW YORK, NY 10104
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 606, Florida Statutes.					
SIGNATURE: ROBERT S. JONES 2-1-06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					