

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A27727**

1. Entity Name  
**GOLDMAN SACHS EXECUTION & CLEARING, L.P.**



Principal Place of Business  
**30 HUDSON STREET  
JERSEY CITY, NJ 07302 US**

Mailing Address  
**ONE NEW YORK PLAZA  
ATTN: 37TH FL. LEGAL DEPT  
NEW YORK, NY 10004 US**

**FILED**  
**06 APR 28 PM 1:21**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



04272006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-5515160</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT #	<b>M97000000271</b>
NAME	<b>SLK LLC</b>
STREET ADDRESS	<b>85 BROAD STREET</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10004</b>

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**200074078752**  
**05/05/06--01045--017 \*\*500.00**

**DO NOT WRITE  
IN THIS SPACE**

*4/28/06*  
*Julie M. Abraham*

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *Julie M. Abraham*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**4/26/06 212-357-6370**  
**Date Daytime Phone #**

STAPLE CHECK HERE