2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000002181

1. Entity Name

LEHMAN BROTHERS HOLDINGS, INC.

Principal Place of Business

745 7TH AVE NEW YORK, NY 10019 Mailing Address

70 HUDSON STREET JERSEY CITY, NJ 07302



FILED 07 MAY -9 PM 3: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04172007

No Chg-P

CR2E034 (11/05)

Applied For 4. FEI Number Not Applicable 13-3216325

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM 1201 HAYS STREET

DO NOT WRITE

SUITE 105 TALLAHASSEE, FL 32301			IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	surpose of changing its register	ed office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE				required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGORY, JOSEPH M 745 7TH AVE NEW YORK, NY 10019					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WELIKSON, JEFFREY A 745 7TH AVE NEW YORK, NY 10019			년 05/3	-00103022284 22/9701035001 **6900.00	
FITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANSON, KAREN C 745 7TH AVE NEW YORK, NY 10019			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWITT, IAN T 745 7TH AVE NEW YORK, NY 10019			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT O'BRIEN, BARRY J 70 HUDSON ST JERSEY CITY, NJ 07302					
TITLE						

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry J.O'Brien

04/17/07

(201) 499-6899