

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 APR 13 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001628 1. Entity Name FIDELITY BROKERAGE SERVICES LLC					
Principal Place of Business 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109			Mailing Address 82 DEVONSHIRE STREET, #F7B BOSTON, MA 02109		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01052005 Chg-LLC CR2E083 (10/03) 4. FEI Number 04-3523439	
City & State		City & State			
Zip		Zip			
Country		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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	XXXX & Director <input type="checkbox"/> Delete MCCOLGAN, ELLYN A STREET ADDRESS 82 DEVONSHIRE STREET CITY - ST - ZIP BOSTON, MA 02109	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	PD & CEO <input type="checkbox"/> Delete CARNEY, JEFFREY STREET ADDRESS 82 DEVONSHIRE STREET CITY - ST - ZIP BOSTON, MA 02109	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	AS <input type="checkbox"/> Delete STURDY, SUSAN STREET ADDRESS 82 DEVONSHIRE STREET CITY - ST - ZIP BOSTON, MA 02109	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	AS <input type="checkbox"/> Delete FREEDMAN, JAY STREET ADDRESS 82 DEVONSHIRE STREET CITY - ST - ZIP BOSTON, MA 02109	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
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: <u>Susan Sturdy</u> 4/12/05 (617) 563-7000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Susan Sturdy, Assistant Secretary