

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000001628

FILED
May 07, 2007
Secretary of State

Entity Name: FIDELITY BROKERAGE SERVICES LLC

Current Principal Place of Business:

82 DEVONSHIRE STREET, #F7B
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

82 DEVONSHIRE STREET, #F7B
BOSTON, MA 02109

New Mailing Address:

FEI Number: 04-3523439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: MCCOLGAN, ELLYN A
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: PD () Delete
Name: CARNEY, JEFFREY
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: AS () Delete
Name: STURDY, SUSAN
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: AS () Delete
Name: FREEDMAN, JAY
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: CEO (X) Delete
Name: CARNEY, JEFFREY
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: T () Delete
Name: RASH, TAMI A
Address: 82 DEVONSHIRE STREET, #F7B
City-St-Zip: BOSTON, MA 02109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: AKIN, STEVEN
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: LEE, EUNICE
Address: 82 DEVONSHIRE STREET
City-St-Zip: BOSTON, MA 02109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SUSAN STURDY

M

05/07/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date