


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000002488 1. Entity Name STATE STREET GLOBAL MARKETS, LLC	
--	---

Principal Place of Business ONE LINCOLN STREET SFC/5 BOSTON, MA 02111	Mailing Address ONE LINCOLN STREET SFC/5 BOSTON, MA 02111
--	--



01122005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3464336	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent STYPUL, BRYAN 311 PARK PLACE BLVD., SUITE 250 CLEARWATER, FL 33759

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

000000222587
02/10/05-80006-014 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINDMARSH, F. CHARLES ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONN, NICHOLAS J ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HANSEN, MARK ONE LINCOLN STREET, SFC/5 BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Hansen 2/2/05 (617)664-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #