2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006
Secretary of State

DOCUMENT# M01000002845

Entity Name: SAMMONS SECURITIES COMPANY, LLC

Current Principal Place of Business:

4261 PARK RD.
ANN ARBOR, MI 48103

New Principal Place of Business:

Current Mailing Address:

4261 PARK RD.
ANN ARBOR, MI 48103

New Mailing Address:

FEI Number: 74-3010408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MGR ( ) Delete
Name: BROOKS, MICHAEL J
Address: 4261 PARK RD.
City-St-Zip: ANN ARBOR, MI 48103

Title: MGRM ( ) Delete
Name: RYDELL, JEROME
Address: 4261 PARK RD
City-St-Zip: ANN ARBOR, MI 48103

Title: MGRM ( ) Delete
Name: SAMMONS FINANCIAL HO, LDING INC
Address: ONE MIDLAND PLAZA STE 100
City-St-Zip: SIOUX FALLS, SD 57193

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change ( ) Addition
Name: SAMMONS SECURITIES I, NC.
Address: ONE MIDLAND PLAZA STE 100
City-St-Zip: SIOUX FALLS, SD 57193

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL J. BROOKS MGR 01/23/2006

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