2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# M03000001701

Entity Name: WACHOVIA CAPITAL MARKETS, LLC

Current Principal Place of Business:

301 S. COLLEGE STREET
CHARLOTTE, NC 28288

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 56-2326000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:	WIESS, JONATHAN G	
Address:	301 S. COLLEGE STREET	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:	MGR	( ) Delete
Name:	ZANIN, RYAN	
Address:	301 S. COLLEGE STREET	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:	MGR	( ) Delete
Name:	STEVENS, QUINTEN	
Address:	301 S. COLLEGE ST	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:	MGR	(X) Delete
Name:	WILLIAMS, JR., BENJAMIN F	
Address:	301 S. COLLEGE STREET	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:	MGR	(X) Delete
Name:	HAYDEN, WILLIIAM P	
Address:	301 S. COLLEGE ST	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:	MGRM	( ) Delete
Name:	MITCHELL, APRILLE M	
Address:	301 S. COLLEGE STREET	
City-St-Zip:	CHARLOTTE, NC 28288	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	WIESS, JONATHAN G	
Address:	375 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10152	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SHREWSBERRY, JOHN R	
Address:	301 S. TRYON STREET	
City-St-Zip:	CHARLOTTE, NC 28288	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: APRILLE M. MITCHELL MGRM 04/24/2009

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