

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002117

FILED
Jul 12, 2005
Secretary of State

Entity Name: BACHE INSURANCE AGENCY, LLC

Current Principal Place of Business:

199 WATER STREET
NEW YORK, NY 10292

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 11-2294357 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: HERRMANN, ROBERT P MANAGER
Address: 901 E. BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR (X) Delete
Name: LOVERRO, ROBERT A MANAGER
Address: 1 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10292

Title: MGR (X) Delete
Name: WILDE, WILLIAM A MANAGER
Address: 1 NEW YORK PLAZA
City-St-Zip: NEW YORK, NY 10292

ADDITIONS/CHANGES:

Title: MEM (X) Change () Addition
Name: WACHOVIA SECURITIES, FINANCIAL HOLDINGS, LLC
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219 US

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 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 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: WILLIAM H. SCHWARTZ

AVP

07/12/2005

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