

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003197

Entity Name: PRUCO SECURITIES, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

213 WASHINGTON ST.  
NEWARK, NJ 07102

**New Principal Place of Business:**

**Current Mailing Address:**

213 WASHINGTON ST.  
NEWARK, NJ 07102

**New Mailing Address:**

FEI Number: 22-1211670      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:**

C T CORPORATION SYSTEM  
1200 SOUTH 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: DMGR ( ) Delete  
Name: AVERY, JAMES J  
Address: 213 WASHINGTON ST.  
City-St-Zip: NEWARK, NJ 07102

Title: DMGR ( ) Delete  
Name: FRAWLEY, KEVIN B  
Address: 213 WASHINGTON ST.  
City-St-Zip: NEWARK, NJ 07102

Title: CEO ( ) Delete  
Name: GORDON, JOHN  
Address: 213 WASHINGTON ST.  
City-St-Zip: NEWARK, NJ 07102

Title: DMGR ( ) Delete  
Name: GREENE, JOHN W  
Address: 844 ALLISON POINTE BLVD  
City-St-Zip: INDIANAPOLIS, IN 46250

Title: AC ( ) Delete  
Name: JANICE, PAVLOU  
Address: 213 WASHINGTON ST.  
City-St-Zip: NEWARK, NJ 07102

Title: D ( ) Delete  
Name: ODENATH, DAVID R  
Address: 3 GATEWAY CENTER  
City-St-Zip: NEWARK, NJ 07102

**ADDITIONS/CHANGES:**

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

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

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

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: JANICE PAVLOU

AC

05/01/2007

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