

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000002198

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: BABSON CAPITAL MANAGEMENT LLC

**Current Principal Place of Business:**

470 ATLANTIC AVENUE  
BOSTON, MA 02210 US

**New Principal Place of Business:**

**Current Mailing Address:**

470 ATLANTIC AVENUE  
BOSTON, MA 02210 US

**New Mailing Address:**

FEI Number: 51-0504477

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: MGR ( ) Delete  
Name: MICHAEL, ROLLINGS T  
Address: 1295 STATE STREET  
City-St-Zip: SPRINGFIELD, MA 01111 US

Title: MGR ( ) Delete  
Name: CRANDALL, ROGER W  
Address: 1500 MAIN STREET  
City-St-Zip: SPRINGFIELD, MA 01115 US

Title: MGR ( ) Delete  
Name: NOREEN, CLIFFORD M  
Address: 1500 MAIN STREET  
City-St-Zip: SPRINGFIELD, MA 01115 US

Title: MGR ( ) Delete  
Name: FINKE, THOMAS M  
Address: 201 SOUTH COLLEGE STREET  
City-St-Zip: CHARLOTTE, NC 28244 US

Title: MGR (X) Delete  
Name: BRENNAN, DAVID J  
Address: 155 BISHOPSGATE  
City-St-Zip: LONDON, UK EC2M3XY UK

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: BRENNAN, DAVID J  
Address: 155 BISHOPSGATE  
City-St-Zip: LONDON, UK EC2M3XY UK

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: CLIFFORD M. NOREEN

MR.

04/22/2009

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