2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M05000000921

Entity Name: UPRR SECURITIES, LLC

Current Principal Place of Business:

450 7TH AVENUE
SUITE 1300
NEW YORK, NY 10123 US

New Principal Place of Business:

Current Mailing Address:

450 7TH AVENUE
SUITE 1300
NEW YORK, NY 10123 US

New Mailing Address:

FEI Number: 13-4285196 **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: CHAGRIN, STUART J
Address: 80 BROAD STREET, 8TH FLOOR
City-St-Zip: NEW YORK, NY 10123

Title: MGR ( ) Delete
Name: FITZSIMMONS, PHILIP R
Address: 450 7TH AVENUE, SUITE 1300
City-St-Zip: NEW YORK, NY 10123

Title: MGR ( ) Delete
Name: MILLER, PETER
Address: 450 7TH AVENUE, SUITE 1300
City-St-Zip: NEW YORK, NY 10123

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: IRVINE, ROBERT
Address: 450 7TH AVENUE, SUITE 1300
City-St-Zip: NEW YORK, NY 10123

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: PHILLIP FITZSIMMONS MGR 04/27/2009

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