


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State
Check @ 2017

DOCUMENT # M06000002553 1. Entity Name J GIORDANO SECURITIES LLC	
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Principal Place of Business 1234 SUMMER STREET STAMFORD, CT 06905	Mailing Address 1234 SUMMER STREET STAMFORD, CT 06905
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DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 06-1569801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SPIEGELMAN, JACK 1800 CORPORATE BLVD N.W. STE 303 BOCA RATON, FL 33431

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

000000517577
 02/07/07-80081-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIORDANO & COMPANY INC. 1234 SUMMER STREET STAMFORD, CT 06905
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *David Kronenberg* Date: *1/29/2007* Daytime Phone #: *203-975-1330*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE