

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M96000000023

FILED
Apr 28, 2005
Secretary of State

Entity Name: J.C. BRADFORD & CO., L.L.C.

Current Principal Place of Business:

800 HARBOR BLVD
TAX DEPT 1ST FLOOR
WEEHAWKEN, NJ 07086

New Principal Place of Business:

Current Mailing Address:

800 HARBOR BLVD.
TAX DEPT. - 1ST FLOOR
WEEHAWKEN, NJ 07086

New Mailing Address:

FEI Number: 62-0136910

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/MEMBERS:

Title: MGR () Delete
Name: SILVER, ROBERT H
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGR () Delete
Name: ESTIL, SILVER L
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGR () Delete
Name: BALLARD, WILLIAM
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGR () Delete
Name: DISALVO, LAWRENCE G
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGR () Delete
Name: DUGAN, BRIAN J
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

Title: MGR () Delete
Name: DEVICO, LOU
Address: 800 HARBOR BLVD
City-St-Zip: WEEHAWKEN, NJ 07086

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: LOU DEVICO

AST

04/28/2005

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