2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9900001898						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
WHITNEY SECURITIES, L.L.C.						00 AUG 3 1 AM 10: 02					
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Principal Place of Business Mailing Address								/(.)		
228 ST. CHARLES AVE STE 200 228 ST. CHARLES AVE STE 20 NEW ORLEANS LA 70130 NEW ORLEANS LA 70130					- TH					•	
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Principal Place of Business 3. Mailing Address											
2. Timopari	iace of business	S. Maining Address				,					
Suite, Apt. #, etc. Suite, Apt. #			pt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State	6	City & State	ty & State			4. FEI Number 72-1453573 Applied For Not Applicable					
Zip	Country	Zip	Zip Country					•	No No No	t Applicable	
· 						Fee Required					
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
TAIT, THOMAS D					Street Address (P.O. Box Number is Not Acceptable)						
101 W. GARDEN STREET					`		·	•			
PENSACOLA FL 32501					City Zip Code						
					1 L						
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.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
							· · · · · · · · · · · · · · · · · · ·		 		
FILE NOW!!! Make Check Payable to						State	r				
9.	MANAGING MEMBE	RS/MANAGERS Delete	10.	1	Mana	ger	ADDITIONS/		Change	Addition	
NAME		La Delete	NAME				Palozzola	•			
STREET ADDRESS CITY-ST-ZIP	·		STREET ADDR		228 New	St. (Charles Avenue ans, LA 70130	, Suit	e 200		
TITLE		☐ Delete	TITLE		Mana	ger			Change	X Addition	
NAME CORRECT ADDRESS			NAME		Lori A. Barthelemy 228 St. Charles Avenue			. Cuit	~ 200		
STREET ADDRESS CITY-ST-ZIP			STREET ADD			w Orleans, LA 70130			2 200		
TITLE		☐ Delete				ger]	Change	X Addition	
NAME STREET ADDRESS		•	. NAME	T ADDRESS			L. Sequeira Charles Avenue	e. Suite	e 200	1	
CITY-ST-ZIP			CITY-	ST-ZIP			ans, LA 70130	<u> </u>			
TITLE Name		☐ Delete	TITLE NAME	į.				Į.	Change	☐ Addition	
STREET ADDRESS	J.			T ADDRESS						_	
CITY-ST-ZIP	<u> </u>		4	ST-ZIP			<u>80000033</u>	3843	(<u> </u>	1	
TITLE NAME	Delete		TITLE]		******25.00 ******			▲ Change / 以本来本来 S.	公田 Addition 5.DD	
STREET ADDRESS				T ADDRESS							
CITY-ST-ZIP TITLE	,	Delete	CITY- TITLE	ST-ZIP				r	Change	☐ Addition	
NAME		∟ Delete	NAME					L	T cumulia		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP		_					
11. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exen	notion state	ed in Secti	on 119.0	7(3)(i), Florida Statutes. I	further certify	y that the ir	nformation	
11. I hereby certify that the information supplied with this filing does not qualify 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 may 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 true monowered to execute this report as required by Chapter 608, Florida Statutes.											

SIGNATURE AND FEED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

12E083 (5/00)