

2001 UNIFORM BUSINESS REPORT (UBR)

0029791 AF

DOCUMENT # M99000001898

1. Entity Name
WHITNEY SECURITIES, L.L.C.

FILED

01 FEB 23 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
228 ST. CHARLES AVE., STE 200
NEW ORLEANS LA 70130

Mailing Address
228 ST. CHARLES AVE., STE 200
NEW ORLEANS LA 70130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
72-1453573

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAIT, THOMAS D
101 W. GARDEN STREET
PENSACOLA FL 32501

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGR PALOZZOLA, DAVID J
STREET ADDRESS **228 ST. CHARLES AVE., STE 200**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR BARTHELEMY, LORI A
STREET ADDRESS **228 ST. CHARLES AVE., STE 200**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
MGR SEQUEIRA, REBECCA L
STREET ADDRESS **228 ST. CHARLES AVE., STE 200**
CITY-ST-ZIP **NEW ORLEANS LA 70130**

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Delete
STREET ADDRESS
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TITLE NAME Change Addition
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TITLE NAME Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME Change Addition
STREET ADDRESS
CITY-ST-ZIP

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

2/12/2001
Date

84-299-5112
Daytime Phone #

CR2E083 (11/00)