


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M99000001898 1. Entity Name WHITNEY SECURITIES, L.L.C.	
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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
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1453573	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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PALOZZOLA, DAVID J 228 ST. CHARLES AVE., STE 200 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BARTHELEMY, LORI A 228 ST. CHARLES AVE., STE 200 NEW ORLEANS, LA 70130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SEQUEIRA, REBECCA L 228 ST. CHARLES AVE., STE 200 NEW ORLEANS, LA 70130
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IN THIS SPACE**

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01/26/04-80061-011 50.00

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:  DAVID J. Palozzola 1/26/04 504-899-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #