

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001898

FILED
Apr 03, 2006
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 72-1453573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: MGR () Delete
Name: PALOZZOLA, DAVID J
Address: 228 ST. CHARLES AVE., STE 200
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGR () Delete
Name: BARTHELEMY, LORI A
Address: 228 ST. CHARLES AVE., STE 200
City-St-Zip: NEW ORLEANS, LA 70130

Title: MGR () Delete
Name: SEQUEIRA, REBECCA L
Address: 228 ST. CHARLES AVE., STE 200
City-St-Zip: NEW ORLEANS, LA 70130

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DAVID J. PALOZZOLA

MGR

04/03/2006

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