


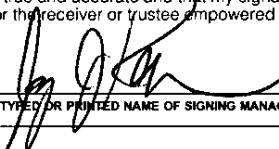
**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90352 011 ****50.00

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DOCUMENT # M02000003373			
1. Entity Name COLEMONT INSURANCE BROKERS OF GEORGIA LLC			
Principal Place of Business 2859 PACES FERRY RD STE 1500 ATLANTA, GA 30339 US		Mailing Address 3100 MONTICELLO AVE STE 600 DALLAS, TX 75205-3439 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		5910 N. Central Expwy Ste 400 Suite, Apt. #, etc.	
City & State		City & State Dallas, TX	
Zip	Country	Zip	Country
		75206	
4. FEI Number 20-0335218		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		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JAMES C PRES	NAME	
STREET ADDRESS	2859 PACES FERRY RD STE 1500	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30339	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATH, MARSHALL P CEO	NAME	
STREET ADDRESS	3100 MONTICELLO AVE STE 600	STREET ADDRESS	5910 N. Central Expwy Ste 400
CITY-ST-ZIP	DALLAS, TX 752053439	CITY-ST-ZIP	Dallas, TX 75206
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLER, JOY J CFO	NAME	
STREET ADDRESS	3100 MONTICELLO AVE STE 600	STREET ADDRESS	5910 N. Central Expwy Ste 400
CITY-ST-ZIP	DALLAS, TX 752053439	CITY-ST-ZIP	Dallas, TX 75206
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		03-01-06 214-561-7000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	