


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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 5910 N CENTRAL EXPWY SUITE 400 DALLAS, TX 75206 US
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DO NOT WRITE IN THIS SPACE



01242007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0335218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 _____

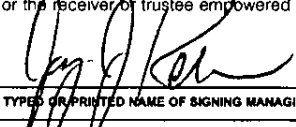
**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, JAMES C PRES 2859 PACES FERRY RD STE 1500 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KATH, MARSHALL P CEO 5910 N CENTRAL EXPWY SUITE 400 DALLAS, TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KELLER, JOY J CFO 5910 N CENTRAL EXPWY SUITE 400 DALLAS, TX 75206
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 02/15/07-80065-020 50.00

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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 609, Florida Statutes.

SIGNATURE:  **02-02-2007** 214 561-6000

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #