


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90013 025 ***138.75

DOCUMENT # M02000003373 1. Entity Name COLEMONT INSURANCE BROKERS OF GEORGIA LLC	
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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



04282008 No Chg-LLC CR2E083 (12/07)

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

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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 JOFO 5910 N CENTRAL EXPWY SUITE 400 DALLAS, TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert Matamoros Robert CFO 5910 N. Central Expwy Ste 400 Dallas, TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bostick, Kris 5910 N. Central Expwy Ste 400 Dallas, TX 75206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: Kris Bostick Date: 4/28/08

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