

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 19, 2005  
Secretary of State**

DOCUMENT# M04000001965

Entity Name: HBW INSURANCE SERVICES, L.L.C.

**Current Principal Place of Business:**

4501 CIRCLE 75 PARKWAY N.W. STE. F-6200  
ATLANTA, GA 30339

**New Principal Place of Business:**

4501 CIRCLE 75 PARKWAY N.W.  
SUITE F-6200  
ATLANTA, GA 30339

**Current Mailing Address:**

4501 CIRCLE 75 PARKWAY N.W. STE. F-6200  
ATLANTA, GA 30339

**New Mailing Address:**

4501 CIRCLE 75 PARKWAY N.W.  
SUITE F-6200  
ATLANTA, GA 30339

FEI Number: 58-2463847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: HARRELL, BRUCE E  
Address: 4501 CIRCLE 75 PARKWAY N.W. STE. F-6200  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES:**

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 Section 119.07(3)(i), 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: SAM KITT

MGRM

04/19/2005

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