

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 24, 2006
Secretary of State**

DOCUMENT# M04000001965

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2463847 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: 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 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: SAM KITT

MGRM

01/24/2006

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