

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001965

**FILED**  
**Jan 29, 2007**  
**Secretary of State**

**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:**

10375 E HARVARD AVE  
SUITE 100  
DENVER, CO 80231 US

**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: BRUCE E. HARRELL

MGR

01/29/2007

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