


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # M00000001608
 1. Entity Name
HBK SORCE ADVISORY LLC



Principal Place of Business Mailing Address
3777 TAMiami TRAIL NORTH #700 **7680 MARKET ST.**
NAPLES, FL 34103 **BOARDMAN, OH 44512**



DO NOT WRITE IN THIS SPACE

03012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1925728	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
BAER, DAN E CPA
HILL, BARTH & KING LLC
377 TAMiami TRAIL NORTH, SUITE 700
NAPLES, FL 34003

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

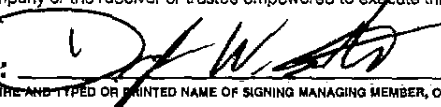
Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HBK SORCE FINANCIAL LLC 7680 MARKET STREET BOARDMAN, OH 44512
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3-1-05** **330-758-8613**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #