


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M00000001610 1. Entity Name HBK SORCE FINANCIAL LLC	
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Principal Place of Business 3777 TAMiami TRAIL NORTH STE 200 NAPLES, FL 34103	Mailing Address 7680 MARKET STREET YOUNGSTOWN, OH 44512
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DO NOT WRITE IN THIS SPACE



03012005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 34-1925718	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 200 NAPLES, FL 34103
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.


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

000000259987
03/12/05-80006-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, BARTH & KING FINANCIAL HOLDINGS LLC 7680 MARKET STREET YOUNGSTOWN, OH 44512
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORCE, CHRISTOPHER 235 W 6TH ST ERIE, PA 16507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SORCE, GREGORY 235 W 6TH ST ERIE, PA 16507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PICCIRILLO, DEAN 235 W 6TH ST ERIE, PA 16507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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 #