


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M00000001610</b> 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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03062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 34-1925718	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

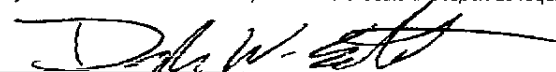
**9. MANAGING MEMBERS/MANAGERS**

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	

LR0000466301  
03/23/06 80005-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  
Date **3-6-06** Daytime Phone # **330-758-8413**