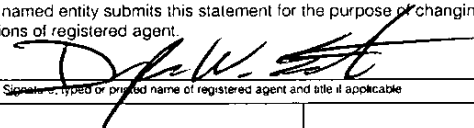
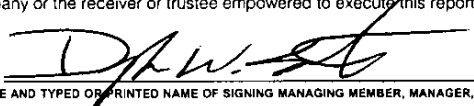


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90181 025 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                               |                                                                       |                                                                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M00000001610</b><br>1. Entity Name<br><b>HBK SORCE FINANCIAL LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                 |                                                               |                                                                       |                                                                                                   |  |
| Principal Place of Business<br><b>3777 TAMiami TRAIL NORTH<br/>STE 200<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |                                                               | Mailing Address<br><b>7680 MARKET STREET<br/>YOUNGSTOWN, OH 44512</b> |                                                                                                                                                                                    |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>3838 Tamiami Trail North</b>                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 | 3. Mailing Address<br>Suite, Apt. #, etc.<br><b>Suite 200</b> |                                                                       |                                                                                                                                                                                    |  |
| City & State<br><b>NAPLES FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                 | City & State<br><b>YOUNGSTOWN OH</b>                          |                                                                       | 4. FEI Number<br><b>34-1925718</b>                                                                                                                                                 |  |
| Zip<br><b>34103</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 | Country<br><b>USA</b>                                         |                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><b>BAER, DAN E CPA<br/>HILL, BARTH &amp; KING LLC<br/>377 TAMiami TRAIL NORTH, SUITE 200<br/>NAPLES, FL 34103</b>                                                                                                                                                                                                                                                                                                                                             |                                                                                                 |                                                               |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>3838 Tamiami Trail North, Suite 200</b><br>City <b>FL</b> Zip Code |  |
| 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.<br>SIGNATURE  DATE <b>2-12-07</b><br><small>Signature is typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> |                                                                                                 |                                                               |                                                                       |                                                                                                                                                                                    |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 | <b>Make check payable to<br/>Florida Department of State</b>  |                                                                       |                                                                                                                                                                                    |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                 |                                                               | 10. ADDITIONS/CHANGES                                                 |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>HILL, BARTH & KING FINANCIAL HOLDINGS LLC<br>7680 MARKET STREET<br>YOUNGSTOWN, OH 44512 | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>SORCE, CHRISTOPHER<br>235 W 6TH ST<br>ERIE, PA 16507                                    | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>SORCE, GREGORY<br>235 W 6TH ST<br>ERIE, PA 16507                                        | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>PICCIRILLO, DEAN<br>235 W 6TH ST<br>ERIE, PA 16507                                      | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>PICCIRILLO, DEAN<br>235 W 6TH ST<br>ERIE, PA 16507                                      | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>PICCIRILLO, DEAN<br>235 W 6TH ST<br>ERIE, PA 16507                                      | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MGRM<br>PICCIRILLO, DEAN<br>235 W 6TH ST<br>ERIE, PA 16507                                      | <input type="checkbox"/> Delete                               |                                                                       |                                                                                                                                                                                    |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                 |                                                               | Date <b>2-12-07</b> Daytime Phone # <b>330-758-8613</b>               |                                                                                                                                                                                    |  |