


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90027 004 ***150.00

DOCUMENT # M01000001749
 1. Entity Name
FSF INSURANCE AGENCY LLC



Principal Place of Business
**85 CHALLENGER RD
 5TH FLOOR
 RIDGEFIELD PARK, NJ 07660**

Mailing Address
**ONE MELLON CENTER
 ROOM 772
 PITTSBURGH, PA 15258-0001 US**

20001447



01032005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3816569	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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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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 <i>Mellon Human Resources Investor Solutions, Inc</i> MELLON INVESTOR SERVICES GROUP, LLC 85 CHALLENGER RD RIDGEFIELD PARK, NJ 07660 <i>One Mellon Center Pittsburgh, PA 15258</i>
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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)(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: *Joanne S. Huber* **Joanne S. Huber, AT** 1/7/05 412-234-1334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #