


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000001749  
 1. Entity Name  
 FSF INSURANCE AGENCY LLC



Principal Place of Business  
 NEWPORT OFFICE CENTER VII  
 480 WASHINGTON BLVD.  
 JERSEY CITY, NJ 07310

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



**DO NOT WRITE IN THIS SPACE**

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 22-3816569	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$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 \_\_\_\_\_ (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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELLON HUM. RESOURCES + INVEST. SOL., INC 772 ONE MELLON CENTER PITTSBURGH, PA 152580001
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 01/12/06-80014-015 50.00

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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: JS Huber Jeanne S. Huber, AT 1/6/06 912-234-1334  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #