


**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<br>NEWPORT OFFICE CENTER VII<br>480 WASHINGTON BLVD.<br>JERSEY CITY, NJ 07310 | Mailing Address<br>ONE MELLON CENTER<br>ROOM 772<br>PITTSBURGH, PA 15258-0001 US |
|---|--|



**DO NOT WRITE IN THIS SPACE**

01062006 No Chg-LLC CR2E083 (11/05)

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>22-3816569 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>MELLON HUM. RESOURCES + INVEST. SOL., INC<br>772 ONE MELLON CENTER<br>PITTSBURGH, PA 152580001 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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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 #