2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
May 04, 2006
Secretary of State

DOCUMENT# M01000001947

Entity Name: HOBBS GROUP INSURANCE BROKERS, LLC

Current Principal Place of Business:

4401 NORTHSIDE PARKWAY, STE. 560
ATLANTA, GA 30327

New Principal Place of Business:

Current Mailing Address:

4401 NORTHSIDE PARKWAY, STE. 560
ATLANTA, GA 30327

New Mailing Address:

4951 LAKE BROOK DRIVE
SUITE 500
GLEN ALLEN, VA 23060

FEI Number: 06-1495303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CARLA BROWN

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DONOVAN, DANIEL J
Address: 4401 NORTHSIDE PARKWAY, STE. 560
City-St-Zip: ATLANTA, GA 30327

Title: MGR ( ) Delete
Name: SMITH, WALTER L
Address: 4401 NORTHSIDE PARKWAY, STE. 560
City-St-Zip: ATLANTA, GA 30327

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: VAUGHAN, MARTIN L III
Address: 4951 LAKE BROOK DRIVE, SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR (X) Change ( ) Addition
Name: SMITH, WALTER L
Address: 4591 LAKE BROOK DRIVE SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR ( ) Change (X) Addition
Name: BROWN, CARLA
Address: 4951 LAKE BROOK DRIVE, SUITE 500
City-St-Zip: GLEN ALLEN, VA 23060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARLA BROWN MGR 05/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date