2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001947

Entity Name: HOBBS GROUP INSURANCE BROKERS, LLC

4951 LAKE BROOK DRIVE, SUITE 500

GLEN ALLEN, VA 23060

Address:

City-St-Zip:

FILED Jun 11, 2007 Secretary of State

Current Principal Place of Business:		New Principal	New Principal Place of Business:	
4401 NOR ATLANTA	THSIDE PARKWAY, STE. 560 , GA 30327			
Current Mailing Address:		New Mailing A	New Mailing Address:	
SUITE 500	E BROOK DRIVE) EN, VA 23060			
	: 06-1495303 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability co	FEI Number Not Applicable		
	Address of Current Registered Agent:	• •	Name and Address of New Registered Agent:	
TALLAHAS The above	S STREET SSEE, FL 323012525 US named entity submits this statement for the e of Florida.	purpose of changing its rec	gistered office or registered agent, or both	
SIGNATU	RE:			
	Electronic Signature of Registered Ag	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANG	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete VAUGHAN, MARTIN L III 4951 LAKE BROOK DRIVE, SUITE 500 GLEN ALLEN, VA 23060	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SMITH, WALTER L 4591 LAKE BROOK DRIVE SUITE 500 GLEN ALLEN, VA 23060	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: WALTER L. SMITH MGR 06/11/2007