2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M02000001175

1. Entity Name
HSI FINANCIAL SERVICES, LLC

Principal Place of Business	Mailing Address
1000 CIRCLE 75 PARKWAY, SUITE 400 ATLANTA, GA 30339	1000 CIRCLE 75 PARKWAY, SUITE 400 ATLANTA, GA 30339

DO NOT WRITE IN THIS SPACE

05012006No Chg-LLC CR2E083 (11/05)

4. FEI Number
58-1538692

☐ Applied For
☐ 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 _____ _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	P
NAME	HOWERTON, RICHARD T III
STREET ADDRESS	900 CIRCLE 75 PARKWAY, SUITE 1450
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	V
NAME	WILSON, REBECCA E
STREET ADDRESS	1000 CIRCLE 75 PARKWAY, SUITE 400
CITY-ST-ZIP	ATLANTA, GA 30339
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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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: Rebecca A Wilson Rebecca E Wilson 5/2/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

770-850 7452