2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000005216

1. Entity Name

HUB INTERNATIONAL NEW ENGLAND, LLC



Principal Place of Business

Mailing Address

299 BALLARDVALE STREET WILMINGTON, MA 01887

299 BALLARDVALE STREET WILMINGTON, MA 01887

FILED

08 FEB -6 AM 8: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

600117329596



CORPORA 1201 HAYS	O NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent ATION SERVICE COMPANY 5. STREET 6. SEE, FL 32301-2525		01102008No Chg-LLC CR 4. FEI Number	
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. 3 SIGNATURE. Signature, typed or privide name or registered agent and title it applicable. (NOTE: Registered Agent signature required when refersitating) DATE				
FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS	X		
TITLE	MGRM			
NAME	HUB INSURANCE PARTNERS		**************************************	
STREET ADDRESS	299 BALLARDVALE STREET			
CHTY-ST-ZDP	WILMINGTON, MA 01887			
TITLE				
NAME				
STREET ADDRESS	•			
CATY-ST-ZIP				
TITLE NAME		1111		
STREET ADDRESS				-
CITY-ST-ZIP			DO NOT WRI	E.
TITLE			DITILOCOMA	
NAME			IN THIS SPAC	,C
STITLET ADDRESS				
CITY-ST-ZIP				
TITLE				
MAME				
STREET ADORESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP		* * *		

11. I hereby certify that the information supplied with this filling 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: Charles

Charles J. Brophy, Authorized Representative 2/4/08

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Case

Dayt me Phone 4

ACCOUNT NO. : 072100000032

REFERENCE: 434037

4304940

AUTHORIZATION

COST LIMIT

ORDER DATE: February 6, 2008

ORDER TIME : 2:44 PM

ORDER NO. : 434037-005

CUSTOMER NO:

4304940

ANNUAL REPORT FILING

NAME:

HUD INTERNATIONAL NEW ENGLAND, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper-EXT#2948

EXAMINER'S INITIALS: