

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000571

FILED
Jan 16, 2006
Secretary of State

Entity Name: HCC GLOBAL FINANCIAL PRODUCTS, L.L.C.

Current Principal Place of Business:

8 FOREST PARK DRIVE
FARMINGTON, CT 06032

New Principal Place of Business:

Current Mailing Address:

C/O DEBRA GREEN
13403 NORTHWEST FREEWAY
HOUSTON, TX 77040

New Mailing Address:

FEI Number: 06-1504568 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STONE, ANDREW G
Address: 8 FOREST PARK DRIVE
City-St-Zip: FARMINGTON, CT 06034

Title: MGR () Delete
Name: MARTIN, CHRISTOPHER L
Address: 13403 NORTHWEST FREEWAY
City-St-Zip: HOUSTON, TX 77040

Title: MGR () Delete
Name: ELLIS, EDWARD H JR.
Address: 13403 NORTHWEST FREEWAY
City-St-Zip: HOUSTON, TX 77040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRISTOPHER L MARTIN

MGR

01/16/2006

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