2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L00000007698

Entity Name: HOLLIS TECHNOLOGIES, LLC

Current Principal Place of Business:

124 S FLORIDA AVE
SUITE 202
LAKELAND, FL 33801

New Principal Place of Business:

500 S FLORIDA AVE
SUITE 400
LAKELAND, FL 33801

Current Mailing Address:

124 S FLORIDA AVE
SUITE 202
LAKELAND, FL 33801

New Mailing Address:

500 S FLORIDA AVE
SUITE 400
LAKELAND, FL 33801

FEI Number: 59-3654961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SILLOH INDUSTRIES INC
124 S FLORIDA AVE
SUITE 202
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

SILLOH INDUSTRIES INC
500 S FLORIDA AVE
SUITE 400
LAKELAND, FL 33801 US

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: JACK M HOLLIS 05/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: SILLOH INDUSTRIES IN, C
Address: 124 S FL AVE #202
City-St-Zip: LAKELAND, FL 33801

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SILLOH INDUSTRIES IN, C
Address: 500 S FL AVE #400
City-St-Zip: LAKELAND, FL 33801

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JACK M HOLLIS CEO 05/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date