


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90203 045 \*\*\*\*50.00

DOCUMENT # L00000007698		
1. Entity Name HOLLIS TECHNOLOGIES, LLC		
Principal Place of Business 500 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801		Mailing Address 500 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801
2. Principal Place of Business - No P.O. Box # 757 3rd Street SW Suite, Apt. #, etc.		3. Mailing Address 757 3rd Street SW Suite, Apt. #, etc.
City & State Winter Haven, FL Zip 33880 Country		City & State Winter Haven, FL Zip 33880 Country



01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3654961	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SILLOH INDUSTRIES INC 500 S FLORIDA AVE SUITE 400 LAKELAND, FL 33801	7. Name and Address of New Registered Agent Name: Silloh Industries, Inc. Street Address (P.O. Box Number is Not Acceptable) 757 3rd Street SW City: Winter Haven FL Zip Code 33880
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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: Jack M. Hollis Jack M. Hollis, President & CEO 1-30-07  
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, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILLOH INDUSTRIES INC 500 S FL AVE #400 LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	757 3rd Street SW Winter Haven, FL 33880	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jack M. Hollis Jack M. Hollis 1-30-07 (863) 669-1155  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # X.227