

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 25, 2004 8:00 am
Secretary of State

04-26-2004 90049 037 ****50.00

DOCUMENT # L02000025179

1. Entity Name

FILLMAN HOLLAND LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
240 BANYAN ROAD

Suite, Apt. #, etc.

3. Mailing Address
240 BANYAN ROAD

Suite, Apt. #, etc.

34007512

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH, FL

Zip
33480

Country

City & State
PALM BEACH, FL

Zip
33480

Country

4. FEI Number
05-0532404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HRAWG CORP.

Street Address (P.O. Box Number is Not Acceptable)
1801 N. MILITARY TRAIL

SUITE 200

City
BOCA RATON

FL **Zip Code**
33431

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
MANAGING MEMBER **MGRM**
NAME
WILLIAM J. CONDREN
STREET ADDRESS
240 BANYAN ROAD
CITY-ST-ZIP
PALM BEACH, FL 33480

TITLE
~~MEMBER~~
NAME
~~MARY JO CONDREN~~
STREET ADDRESS
~~240 BANYAN ROAD~~
CITY-ST-ZIP
~~PALM BEACH, FL 33480~~

TITLE
MEMBER **MGRM**
NAME
ERNEST J. HAYFIELD, JR.
STREET ADDRESS
445 BLUE MOUNTAIN LAKE
CITY-ST-ZIP
EAST STROUDSBURG, PA 18301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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:

William J. Condren

MANAGING MEMBER

4/20/2004 (561) 832-7566

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

Date

Daytime Phone #

CR2E083B (12/02)