

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025179

Entity Name: FILLMAN HOLLAND LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

240 BANYAN ROAD
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

240 BANYAN ROAD
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 05-0532404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HRAWG CORP.
1801 N. MILITARY TRAIL STE. 200
BOCA RATON, FL 33431 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: MGRM () Delete
Name: CONDREN, WILLIAM J
Address: 240 BANYAN ROAD
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: HAYFIELD, JR., ERNEST J
Address: 445 BLUE MOUNTAIN LAKE
City-St-Zip: EAST STROUDSBURG, PA 18301

Title: MGR () Delete
Name: CONDREN, MARY JO
Address: 240 BANYAN ROAD
City-St-Zip: PALM BEACH, LF 33480

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: CONDREN, MARY JO
Address: 240 BANYAN ROAD
City-St-Zip: PALM BEACH, FL 33480

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: ERNEST J. HAYFIELD, JR.

MGRM

04/23/2007

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