## 2005 LIMITED LIABILITY COMPANY

## Mar 12, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # L02000034069** 1. Entity Name HILLER CARBON, LLC Mailing Address Principal Place of Business 5321 MEMORIAL HWY. 5321 MEMORIAL HWY. TAMPA, FL 33634 TAMPA, FL 33634 CR2E083 (10/03) 03022005 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 54-2088215 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HILLER, MARTIN H DO NOT WRITE 5321 MEMORIAL HWY. IN THIS SPACE TAMPA, FL 33634 \_\_\_ 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 (NOTE Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR HITLE HILLER, MARTIN H NAME 5321 MEMORIAL HWY. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 U00000260904 03/12/05-80042-022 50.00 TITLE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE STREET ADDRESS

11. I hereby certily that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that the 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 engagement to execute this report as required by Chapter 608, Florida Statutes.

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

CITY-ST-ZIP

03-02-2005

813-882-3313

FILED