AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000034069

1. Entity Name

HILLER CARBON, LLC



09-22-2003 90104 038 *** *50.00 L02000034069

FILED FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 SEP 25 AM 8: 04

DO NOT WRITE IN THIS SPACE.								W19/29	
2. Principal P 5321 Suite, Apt.	Place of Business Memorial Hwy. *, etc.	3. Mailing Address 5321 Memorial Hwy. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State Tampa FL		City & State Tempor FL			4. FEI Number Applied For S4-2088215 Not Applicable				
3363			County	sborough	5. Certificate of	of Status Desired		5.00 Additional B Required	
			7. Name and Address of Current Registered Agent Name Martin H. Hiller					gent	
	DO NOT M	RITE				P.Q.Box Number is Not Acceptable)————————————————————————————————————			
	IN THIS SI	PACE		5321	Memo	rial Hu	υ γ		
10				City Tamp	Da		FL	Zip Code 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 Signators, Noted or printed name of registered agent and bite if applicable.									
FEE IS \$50.00									
Make Check Payable to Florida Department of State DUE BY MAY 1)									
9. TITLE	MANAGING MEMB	ERS/MANAGERS	ame.	All the sales and sales and the sales and th				Constant of the Constant of Co	
NAME	MGR Hiller	1 :	NAME :					(12/02	
STREET ADDRESS CITY-ST-ZIP	5321 Memorial 1 Tampa FL 33	1wy 634	STREET CITY ST	ADORESS 1-7IP		- 1		838	
TITLE	Jampa PC 33		Aute		i de la companya de La companya de la co		in part	CR2E083B	
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CITY-ST-ZIP			CUA-21						
TITLE			2 mie		Jack Comme			460,500,000	
NAME Street address			NAME S.	ADDRESS					
CITY-ST-ZIP			ECTY ST	ZIP	DC		WRILL		
TITLE NAME			ATITLE		IN	THIS	SPACE		
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP	 		City: St	UP .			<u> </u>		
TITLE NAME			NAME						
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CITY-ST-ZIP			CITY, ST	ZP			0,00-per 1980		
TITLE NAME		•	EMLE)						
STREET ADDRESS			MAKE STREET	ADDRESS					
CITY-ST-ZIP			City, ST	COLUMN TO SERVICE CONT.		o populación.			
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 eath; that I am a managing member or manager of the limited liability company or the received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: Met Affler Martin H. Hiller 9/18/03 813-882-3313									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayline Phone I									