

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036859

FILED
Jan 17, 2006
Secretary of State

Entity Name: PROCESS TECHNOLOGY ASSOCIATES, .L.L.C.

Current Principal Place of Business:

5150 SOUTH FLORIDA AVE.
SUITE 114
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

PO BOX 6636
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 55-0894384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPH J. NOLAN, P.A.
1674 WILLIAMSBURG SQUARE
AKELAND, FL 33803 US

Name and Address of New Registered Agent:

JOSEPH J. NOLAN, P.A.
1674 WILLIAMSBURG SQUARE
LAKELAND, FL 33803 US

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:

01/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERRY, WES W
Address: 5150 S.FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: HILLIS, STEPHEN L
Address: 5150 S. FLORIDA AVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERRY, WES W
Address: 5150 S.FLORIDA AVE, SUITE 114
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change () Addition
Name: HILLIS, STEPHEN L
Address: 5150 S. FLORIDA AVE., SUITE 114
City-St-Zip: LAKELAND, FL 33813

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: STEPHEN L. HILLIS

MGRM

01/17/2006

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