2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2007
Secretary of State

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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:

5110 SOUTH FLORIDA AVE.
SUITE 114
LAKELAND, FL 33813

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
LAKELAND, FL 33803 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: BERRY, WES W
Address: 5150 S.FLORIDA AVE, SUITE 114
City-St-Zip: LAKELAND, FL 33813

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BERRY, WES W
Address: 5110 S.FLORIDA AVE, SUITE 114
City-St-Zip: LAKELAND, FL 33813

Title: MGRM (X) Change ( ) Addition
Name: HILLIS, STEPHEN L
Address: 5110 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 HILLIS MGRM 02/27/2007

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