

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90060 002 \*\*\*138.75

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03072008 Chg-LLC CR2E083 (12/06)

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|--|---|--|---|--|--|
| DOCUMENT # M07000000025  |   |  |   |         |  |
| 1. Entity Name<br>HILEX POLY CO. LLC   |   |  |   |  |  |
| Principal Place of Business<br>101 EAST CAROLINA AVE.<br>HARTSVILLE, SC 29550  |   |  | Mailing Address<br>101 EAST CAROLINA AVE.<br>HARTSVILLE, SC 29550   |  |  |
| 2. Principal Place of Business - No P.O. Box #<br>101 E Carolina Ave   |   | 3. Mailing Address<br>101 E Carolina Ave   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                        |   |  |  |
| City & State   |   | City & State                               |   | 4. FEI Number<br>56-2379442  |  |
| Zip  | Country   | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br>NATIONAL CORPORATE RESEARCH, LTD., INC.<br>515 EAST PARK AVENUE<br>TALLAHASSEE, FL 32301  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P O Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |  |   |  |  |
| FILE NOW!!! FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75  |   |  | Make check payable to<br>Florida Department of State  |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>CESINGER, STEVE<br>1545 PEACHTREE STREET, #250<br>ATLANTA, GA 30309              | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President & CEO<br>David Pastrich<br>101 E Carolina Ave<br>Hartsville, SC 29550          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>DEWBERRY, JOHN<br>1545 PEACHTREE STREET, #250<br>ATLANTA, GA 30309               | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CFO<br>Scott Brown<br>101 E Carolina Ave<br>Hartsville, SC 29550                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>FARAHNIK, LEON<br>10250 CONSTELLATION BLVD., SUITE 2820<br>LOS ANGELES, CA 90025 | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Chairman   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>LARIAN, ISAAC<br>16380 ROSCOE BLVD.<br>VAN NUYS, CA 91406                        | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Treasurer<br>Rick Martin<br>101 E Carolina Ave<br>Hartsville, SC 29550                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>TORBATI, RAYMOND<br>10877 WILSHIRE BLVD., STE. 1103<br>LOS ANGELES, CA 90024     | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 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: <u>Rick Martin</u> Rick Martin, Treasurer 3/11/08 843-857-4818  |   |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |  |   |  |  |