

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000129
 1. Entity Name
 HYDE PARK CAPITAL PARTNERS, LLC



Principal Place of Business Mailing Address
 701 NORTH FRANKLIN STREET 701 NORTH FRANKLIN STREET
 TAMPA, FL 33602 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE



01072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3623927	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MCDONALD, JOHN M III
 701 N. FRANKLIN ST 2ND FLOOR
 TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, JOHN M 2010 HARBOR VIEW AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, JOHN JR. 134 BALTIC CIRCLE TAMPA, FL 336063322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/24/05-80104-007 50.00

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11. I hereby certify that the information supplied with this filing 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 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: *[Signature]* Date: 1/18/05 Daytime Phone #: 813-383-0202

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