2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000289

1. Entity Name
HYDE PARK CAPITAL ADVISORS, LLC

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

DO NOT WRITE IN THIS SPACE

01102006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3623925
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MCDONALD, JOHN M
STREET ADDRESS	3010 HARBOR VIEW AVE.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	MGRM
NAME	HILL, JOHN H JR.
STREET ADDRESS	134 BALTIC CIRCLE
CITY-ST-ZIP	TAMPA, FL 336063322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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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: _____ John M. McDonald III 1-31-06 813-383-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #