

**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	
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Principal Place of Business 701 NORTH FRANKLIN STREET SECOND FLOOR TAMPA, FL 33602	Mailing Address 701 NORTH FRANKLIN STREET SECOND FLOOR TAMPA, FL 33602
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01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

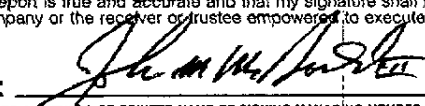
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, JOHN M 3010 HARBOR VIEW AVE. TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, JOHN H JR. 134 BALTIC CIRCLE TAMPA, FL 336063322
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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 605, Florida Statutes.

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