


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000006083</b> 1. Entity Name <b>HYNES PROPERTIES, LLC</b>	
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Principal Place of Business <b>2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901</b>	Mailing Address <b>2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901</b>
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01122005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3648217</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

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

U000000269367  
03/19/05-80009-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYNES, RICAHRD A M.D. 205 E. NASA BLVD. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HYNES, DIANE L 205 E. NASA BLVD. MELBOURNE, FL 32901
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**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Diane Hynes*

**DIANE HYNES**

**3-16-05**

**321 208-3357**

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

Date

Daytime Phone #