


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L00000006083 1. Entity Name HYNES PROPERTIES, LLC	
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Principal Place of Business 2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901	Mailing Address 2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901
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01172006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3648217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 S HARBOR CITY BLVD SUITE 505 MELBOURNE, FL 32901

**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 _____

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

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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04/21/06-80009-002 \$0.00

**DO NOT WRITE
IN THIS SPACE**

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: *Diane Hynes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/3/06
Date

Daytime Phone #