


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000004018		
1. Entity Name DIANE L. HYNES, LLC		
Principal Place of Business 2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901		Mailing Address 2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ANDERSON, J. PATRICK 930 NS. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYNES, DIANE L 2200 FRONT STREET, STE 301 MELBOURNE, FL 32901	
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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)(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: <u><i>Diane L. Hynes</i></u> DIANE L. HYNES		<u>4/13/04</u> 321.308.3357
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



04132004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 31-1807926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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