2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L01000004018

1. Entity Name
DIANE L. HYNES, LLC

Principal Place of Business	Mailing Address
2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901	2200 FRONT STREET SUITE 301 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

03172005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number 31-1807926	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK
930 NS. HARBOR CITY BLVD.
SUITE 505
MELBOURNE, FL 32901

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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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

UNNNNN272080
03/21/05-80074-009 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	HYNES, DIANE L	
STREET ADDRESS	2200 FRONT STREET, STE 301	
CITY-ST-ZIP	MELBOURNE, FL 32901	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 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_ _____   _3-17-05_   _321-308-3351_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #