2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000015885

1. Entity Name
RICHARD A. HYNES, LLC

Principal Place of Business	Mailing Address
636 E. MELBOURNE AVE. MELBOURNE, FL 32901	636 E. MELBOURNE AVE. MELBOURNE, FL 32901

ᴜᴜᴜ27659

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HYNES, DIANE ~~2200 FRONT STREET~~ ~~SUITE 301~~ MELBOURNE, FL 32901	Name ___ Street Address (P.O. Box Number is Not Acceptable) 636 E. Melbourne Ave City Melbourne FL FL Zip Code 32901

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 _Diane Hynes_   DATE 3-19-07
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE **MGR** NAME **HYNES, RICHARD A** STREET ADDRESS ~~2200 FRONT STREET, SUITE 301~~ CITY-ST-ZIP **MELBOURNE, FL 32901**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	636 E. Melbourne Ave ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____   Date 3-19-07   Daytime Phone # 308-3357
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE