


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L06000007307 1. Entity Name HINES TRAM, LLC	
--	---

Principal Place of Business 3302 ALTERNATE 19 NORTH PALM HARBOR, FL 34683 US	Mailing Address 3302 ALTERNATE 19 NORTH PALM HARBOR, FL 34683 US
---	---



02142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0830089	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent WIKLE, PAUL J 3302 ALTERNATE 19 NORTH PALM HARBOR, FL 34683

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 _____ 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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WIKLE, PAUL J 3302 ALTERNATE 19 NORTH PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BOWE, RANDY 1302 BELCHER DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ACS FAMILY LIMITED PARTNERSHIP P.O. BOX 1293 TARPON SPRINGS, FL 34688
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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:  **2/25/05** **727-787-2127**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #