

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90106 003 \*\*\*\*50.00

**20048148**



<b>DOCUMENT # L04000082906</b> 1. Entity Name <b>JEFFREY L. HINDS, CHARTERED</b>					
Principal Place of Business <b>14815 NORTH IRIS AVENUE TAMPA, FL 33613-1828</b>			Mailing Address <b>P.O. BOX 17977 TAMPA, FL 33682</b>		
2. Principal Place of Business <b>500 E. Kennedy Blvd</b> Suite, Apt. #, etc. <b>Ste. 200</b>		3. Mailing Address <b>500 E. Kennedy Blvd.</b> Suite, Apt. #, etc. <b>Ste. 200</b>			
City & State <b>Tampa, FL</b>		City & State <b>Tampa, FL</b>			
Zip <b>33602</b>		Country <b>USA</b>		Zip <b>33602</b>	
Country <b>USA</b>		4. FEI Number <b>59-3788250</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HINDS, JEFFREY L 10709 STALLGATE DRIVE TAMPA, FL 33624</b>			7. Name and Address of New Registered Agent Name <b>Jeffrey L. Hinds</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 E. Kennedy Blvd., Ste. 200</b> City <b>Tampa</b> FL <b>33602</b>		
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.</small>		RA, Managing Member <b>5 Jul 06</b> <small>(NOTE: Registered Agent signature required when substituting)</small>			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HINDS, JEFFREY L ESQ 10709 STALLGATE DRIVE TAMPA, FL 33624	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Jeffrey L. Hinds Esq. 500 E. Kennedy Blvd., Ste 200 Tampa, FL 33602
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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:		<b>5 Jul 06 832651555</b> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			