

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118862

Entity Name: CHARLES A HINES, LLC

FILED  
Jul 16, 2007  
Secretary of State

## Current Principal Place of Business:

10122 WINSFORD OAK BLVD.  
#415  
TAMPA, FL 33624 US

## New Principal Place of Business:

6111 DORY WAY  
TAMPA, FL 33615 US

## Current Mailing Address:

10122 WINSFORD OAK BLVD.  
#415  
TAMPA, FL 33624 US

## New Mailing Address:

6111 DORY WAY  
TAMPA, FL 33615 US

FEI Number: 20-4063607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HINES, CHARLES A  
10122 WINSFORD OAK BLVD.  
#415  
TAMPA, FL 33624 US

## Name and Address of New Registered Agent:

HINES, CHARLES A  
6111 DORY WAY  
TAMPA, FL 33615 US

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.

SIGNATURE:

07/16/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HINES, CHARLES A  
Address: 10122 WINSFORD OAK BLVD., #415  
City-St-Zip: TAMPA, FL 33624 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HINES, CHARLES A  
Address: 6111 DORY WAY  
City-St-Zip: TAMPA, FL 33615 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLES A HINES

MGRM

07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date