


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90050 033 \*\*\*\*50.00

DOCUMENT # L06000012458  
 1. Entity Name  
 HYA'S PLACE LLC



Principal Place of Business      Mailing Address  
 712 21ST ST                              712 21ST ST  
 WEST PALM BEACH, FL 33407 US      WEST PALM BEACH, FL 33407 US

DUU4J070

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



04062007    Chg-LLC      CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

4. FEJ Number      Applied For  
 04-3842060      Not Applicable  
 5. Certificate of Status Desired      \$5.00 Additional Fee Required

DAVIS-AUSTIN, HYACINTH  
 712 21ST ST  
 WEST PALM BEACH, FL 33407

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City                              FL      Zip Code

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 Hyacinth Davis Austin Owner      DATE 04/25/07  
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, 2007**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GEORGE, MILTON	
STREET ADDRESS	712 21ST ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DAVIS-AUSTIN, HYACINTH	
STREET ADDRESS	712 21ST ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: HYACINTH DAVIS AUSTIN      DATE: 04/25/07      DAYTIME PHONE #: (561) 767-7878  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #