

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90104 040 ***138.75

DOCUMENT # L07000023928

1. Entity Name
HYDE PARK PROPERTY MANAGEMENT LLC



Principal Place of Business
**5815 MARINER STREET
TAMPA, FL 33609 US**

Mailing Address
**PO BOX 341435
TAMPA, FL 33694 US**



2. Principal Place of Business - No P.O. Box #
15511 N. FLORIDA AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. D

City & State

City & State

TAMPA, FL

Zip
33613

Country
HILLSBOROUGH

Zip

Country

02242008 Chg-LLC CR2E083 (12/06)

4. FEI Number
39-2051497 ☒ Applied For
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

**HERNDON, BILLY F
5815 MARINER STREET
TAMPA, FL 33609**

Name
MICHAEL GREEN

Street Address (P.O. Box Number is Not Acceptable)
15511 N. FLORIDA AVE.

STE. D

City
TAMPA

FL Zip Code
33613

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]

MICHAEL GREEN

2/25/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HERNDON, BILLY F
5815 MARINER STREET
TAMPA, FL 33609** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MARKARIAN, CARNICK A
13703 CHESTERSALL DRIVE
TAMPA, FL 33642** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARNICK A. MARKARIAN
15511 N. FLORIDA AVE. STE. D
TAMPA, FL 33613** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREEN, MICHAEL
15511 N FLORIDA AVE SUITE D
TAMPA, FL 33613** ☐ 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
**MGRM
BERNARD GREEN
15511 N. FLORIDA AVE., STE. D
TAMPA, FL 33613** ☐ 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

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: *[Signature]* **MICHAEL GREEN** **2/25/08** **813-885-4657**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #