

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L93000000178

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** HYDE PARK ATRIUM ASSOCIATES, L.C.

**Current Principal Place of Business:**

1200 W PLATT ST.  
SUITE 100  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

1200 W PLATT ST.  
SUITE 100  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 59-3185001

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, THOMAS K  
1200 W PLATT STREET  
STE. 100  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MORRISON, THOMAS K  
**Address:** 4504 OLD ORCHARD DRIVE  
**City-St-Zip:** TAMPA, FL 33624

**Title:** MGRM  
**Name:** MORRISON, THERESA J  
**Address:** 4504 OLD ORCHARD DRIVE  
**City-St-Zip:** TAMPA, FL 33624

**Title:** MGRM  
**Name:** MILLS, FREDERICK J  
**Address:** 3006 EUCLID AVE WEST  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGRM  
**Name:** MILLS, KAREN F  
**Address:** 3006 EUCLID AVE WEST  
**City-St-Zip:** TAMPA, FL 33629

**Title:** MGRM  
**Name:** MORRISON, SUSAN B  
**Address:** 5113 LONGFELLOW AVE.  
**City-St-Zip:** TAMPA, FL

I hereby 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:** FREDERICK J MILLS

MGRM

02/03/2010

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