## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## FILED Feb 26, 2004 8:00 am Secretary of State 02-26-2004 90204 026 \*\*\*\*50.00

| DOCUMENT # L9900000501  1. Entity Name HINES, NORMAN, HINES & SULLIVAN, P.L.   |  |  |   |  | )                              |                        | Z 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1      | ,                                      |
|--|--|--|---|--|--------------------------------|------------------------|---|--|
| Principal Place of Business 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606   |  | Mailing Address 315 SOUTH HYDE PARK AVENUE TAMPA, FL 33606 |   |  | <b>212 1241 2214 2214 2214</b> | 2401471                |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address   |   |  |                                |                        |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   | 01272004   | Chg-LLC                        | CR2E083 (10/03)        |   |  |
| City & State   |  | City & State   |   | 4. FEI Number 59-3547  |                                | <del></del>            | plied For<br>t Applicable                   |  |
| Zip  | Country  | Zip –  | Country   | у  | 5. Certificate of              | of Status Desired      | 55.00 Add                                   |  |
|  | 6. Name and Address of Current F   | Registered Agent   |   |  | 7. Name and /                  | Address of New R       | egistered Agent                             |  |
|  |  |  |   | Name   |                                |                        |   |  |
| HINES, JAMES P ESQ.<br>315 SOUTH HYDE PARK AVENUE<br>TAMPA, FL 33606   |  |  | -   | Street Address (P.O. Box Number is Not Acceptable)                                     |                                |                        |   |  |
|  |  |  | -   | City   |                                |                        | FL Zip Code                                 | e                                      |
|  | named entity submits this statement for ions of registered agent.  | the purpose of changing its                                | s registered  | office or registe  | ered agent, or both            | n, in the State of Flo | orida. I am familiar with,                  | and accept                             |
| SIGNATURE .  | Signature, typed or printed name of registered agent as  | nd title if applicable. (NO                                | TE: Registered /  | Agent signature require  | ed when reinstating)           |                        | DATE  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2004  |  |  |   |  |                                |                        |   |  |
|  |  |  |   |  |                                |                        | e check payable to<br>a Department of State | 9                                      |
| D  | ue by May 1, 2004  | OC IMANACEDS   | 10  |  |                                | Florida                | Department of State                         | e 2007.                                |
| 9.   | ue by May 1, 2004  MANAGING MEMBER   |  | 10.   |  | :                              |                        | CHANGES                                     |  |
| 9.   | MANAGING MEMBER  | RS/MANAGERS  | TITLE   |  | :                              | Florida                | Department of State                         | e Addition                             |
| 9. TITLE NAME  | MANAGING MEMBER MGRM HINES, JAMES P.P.A.   | ☐ Delete   | TITLE<br>NAME   | T ADDRESS  |                                | Florida                | CHANGES                                     |  |
| 9.   | MANAGING MEMBER  | ☐ Delete   | TITLE<br>NAME   | T ADDRESS ST-ZIP   | :                              | Florida                | CHANGES                                     |  |
| 9. TITLE NAME STREET ADDRESS   | MANAGING MEMBER MGRM HINES, JAMES P P.A. 315 SOUTH HYDE PARK AVENU   | ☐ Delete   | TITLE<br>NAME<br>STREET   | l l  |                                | Florida                | CHANGES                                     | Addition                               |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP   | MANAGING MEMBER MGRM HINES, JAMES P P.A. 315 SOUTH HYDE PARK AVENU TAMPA, FL 33606   | ☐ Delete  ☐ Delete   | TITLE<br>NAME<br>STREET<br>CITY-S   | l l  |                                | Florida                | Department of State //CHANGES Change        |  |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | MANAGING MEMBER MGRM HINES, JAMES P P.A. 315 SOUTH HYDE PARK AVENU TAMPA, FL 33606 MGRM  | ☐ Delete  ☐ Delete  ☐ Delete                               | TITLE NAME STREET CITY-S TITLE NAME   | l l  |                                | Florida                | Department of State //CHANGES Change        | Addition                               |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | MANAGING MEMBER MGRM HINES, JAMES P P.A. 315 SOUTH HYDE PARK AVENU TAMPA, FL 33606 MGRM NORMAN, CHRISTOPHER H P.A  | ☐ Delete  ☐ Delete  ☐ Delete                               | TITLE NAME STREET CITY-S TITLE NAME   | SY-ZIP  T ADDRESS  |                                | Florida                | Department of State //CHANGES Change        | Addition                               |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.