


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60-107

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # M99000000275		
1. Entity Name HINES FUND MANAGEMENT, L.L.C.		
Principal Place of Business 2800 POST OAK BLVD STE 5000 HOUSTON, TX 77056	Mailing Address 2800 POST OAK BLVD STE 5000 HOUSTON, TX 77056	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HINES INTERESTS LIMITED PARTNERSHIP 2800 POST OAK BLVD, STE 5000 HOUSTON, TX 77056	
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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: <i>Jasmine E. [Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<p style="text-align: right;">U00000619748 02/08/07-80042-002 50.00</p> <p style="text-align: right;"><i>VP/ASSY. SECRETARY OF HINES HOLDINGS, INC - 6P HINES INTERESTS LP - MGR OF HINES FUND MANAGEMENT, LLC</i> 1/29/07 713-621-8000 <small>Date Daytime Phone #</small></p>