2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

CITY-ST-ZIP

Jan 31, 2006 8:00 am **Secretary of State DOCUMENT # M99000000989** 01-31-2006 90027 011 ****50.00 1. Entity Name HINES MANAGEMENT, L.L.C. Principal Place of Business Mailing Address 2800 POST OAK BLVD., STE 5000 2800 POST OAK BLVD., STE 5000 20004257 HOUSTON, TX 77056 HOUSTON, TX 77056 CR2E083 (11/05) 01092006 No Chq-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 76-0610004 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HINES INTERESTS LIMITED PARTNERSHIP NAME STREET ADDRESS 2800 POST OAK BLVD CITY-ST-ZIP HOUSTON, TX 77056 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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. YPIA53. Sectory of Hims Hodging In Capter Hims Statutes. The first statutes are 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. YPIA531. Sectory of Hims statutes are 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED