


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M99000000989 1. Entity Name HINES MANAGEMENT, L.L.C.	
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Principal Place of Business 2800 POST OAK BLVD., STE 5000 HOUSTON, TX 77056	Mailing Address 2800 POST OAK BLVD., STE 5000 HOUSTON, TX 77056
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DO NOT WRITE IN THIS SPACE



03072007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 76-0610004	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re/instating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HINES INTERESTS LIMITED PARTNERSHIP 2800 POST OAK BLVD HOUSTON, TX 77056
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04/03/07-80004-003 50.00

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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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Hines Interests Limited Partnership, MB by Hines Holdings, Inc., GP by VP/Asst. Secretary Jeanine E. Hutchens	3-23-07 713/621 8000 <small>Date Daytime Phone #</small>
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