

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000000501

**Entity Name:** HINES NORMAN HINES, P.L.

**Current Principal Place of Business:**

315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**Current Mailing Address:**

315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606

**FEI Number:** 59-3547576

**Certificate of Status Desired:** No

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

HINES, JAMES PSR.  
315 SOUTH HYDE PARK AVENUE  
TAMPA, FL 33606 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name HINES, JAMES PSR.  
Address 315 SOUTH HYDE PARK AVENUE  
City-State-Zip: TAMPA FL 33606

Title MGR  
Name NORMAN, CHRISTOPHER H  
Address 315 SOUTH HYDE PARK AVENUE  
City-State-Zip: TAMPA FL 33606

Title MGR  
Name HINES, JAMES PJR.  
Address 315 SOUTH HYDE PARK AVENUE  
City-State-Zip: TAMPA FL 33606

Title MGR  
Name HINES, ROBERT D  
Address 315 SOUTH HYDE PARK AVENUE  
City-State-Zip: TAMPA FL 33606

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHRISTOPHER H. NORMAN

**MANAGER**

**01/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date