__2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000012942

1. Entity Name HIDDEN LAKE APARTMENTS, LLC



Principal Place of Business

4150 S. KIRKMAN RD. ORLANDO, FL 32811

Mailing Address

4150 S. KIRKMAN RD. ORLANDO, FL 32811

FILED Apr 11, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 31-1215003

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daylima Phone s

6. Name and Address of Current Registered Agent

VAUGHAN, DOROTHY A THE PLAYERS CLUB 1425 GULF OF MEXICO DR., D-102 LONGBOAT KEY, FL 34228

SIGNATURE AND TYP

DO NOT WRITE IN THIS SPACE

LONGBOAT KEY, FL 34228		IN I	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 II applicable (NOTE		(NOTE: Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS		<u> </u>	
TITLE	MGRM			
NAME	HITSMAN, MICHAEL			
STREET ADDRESS	6099 RIVERSIDE DR., #200			
CITY-ST-ZIP	DUBLIN, OH 43017		(
TITLE		i		
NAME		1		
STREET ADORESS	- ·		U00000502647 04/25/06-80112 -00 8 50.00	
CITY-ST-ZIP			04/25/06-80112-009 50.00	
TITLE				
NAME		1		
STREET ADDRESS		ו סמ	NOT WRITE	
CITY-ST-ZIP				
TITLE		I IN T	HIS SPACE	
NAME			f	
STREET ADDRESS				
CITY-ST-ZIP			i	
TITLE			ł.	
NAME			-	
STREET ADDRESS CITY-ST-ZIP		1		
TITLE		[•	
MAME STREET ADDRESSE			(
STREET ADDRESS CITY-ST-ZIP		[į.	
	discharge the later and the state of the sta	multiple to the proportion contained in Charter 440	Clarida Statuton I further partity that the information	
11. I hereby certify that the Information supplied with this filling 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 eath; that I am a managing member or manager of the ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				

MANAGING MEMBER, OR AUTHORIZED REPRESENT