

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 AM
Secretary of State

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	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/06)

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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL	Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

	FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007	JAN 19 2006
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM HITSMAN, MICHAEL 6099 RIVERSIDE DR., #200 DUBLIN OH 43017	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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04/18/07-80042-022 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael Hitsman, Managing Member 2/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #