

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031880

FILED  
Jan 30, 2008  
Secretary of State

**Entity Name:** HIDEAWAY LIMITED LIABILITY COMPANYY

**Current Principal Place of Business:**

501 LIDO DRIVE  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

501 LIDO DRIVE  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For** ( )

**FEI Number Not Applicable** (X)

**Certificate of Status Desired** ( )

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

BLACK FISHER PA  
2691 E OAKLAND PARK BLVD  
SUITE 402  
FORT LAUDERDALE, FL 33306 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARARI, JACK L MD  
Address: 501 LIDO DRIVE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JACK L HARARI, M.D.

MGR

01/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date