2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90117 004 ****50.00

0036944

DOCUMENT # L94000000134

1. Entity Name
HIDDEN CREEK VALLEY L.C.

Principal Place of Business
19339 S.W. HIDDEN CREEK RD.
BLOUNTSTOWN FL 32424

Mailing Address
14962 BONAIRE CIR.
FT. MYERS FL 33908

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
AS ABOVE	14962 BONAIRE CIR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State FT. MYERS, FL
Zip / Country	Zip 33908 / Country

4. FEI Number 59-3229829 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BASSINE, EDWARD R
14962 BONAIRE CIRCLE
FT. MYERS FL 33908

7. Name and Address of New Registered Agent

Name ANNE T. BASSINE
Street Address (P.O. Box Number is Not Acceptable) 14962 BONAIRE CIRCLE
City FT. MYERS FL Zip Code 33908

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE	MGRM	☒ Delete	TITLE	☐ Change ☐ Addition
NAME	BASSINE, EDWARD R		NAME	
STREET ADDRESS	14962 BONAIRE CIR		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BASSINE, ANNE T		NAME	
STREET ADDRESS	14962 BONAIRE CIR		STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33908		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ✓ SIGNATURE REQUIRED Anne T Bassine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #