

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # A02000001468

1. Entity Name
HIDDEN HARBOR PROPERTIES, LLLP



Principal Place of Business
450 EAST LAS OLAS BLVD., STE. 1500
FT LAUDERDALE, FL 33301

Mailing Address
450 EAST LAS OLAS BLVD., STE. 1500
FT LAUDERDALE, FL 33301



01052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
06-1667914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE
SUITE 2800
MIAMI, FL 33131

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # L02000029656
NAME H MARINA PROPERTIES, LLC
STREET ADDRESS 450 EAST LAS OLAS BLVD., STE. 1500
CITY-ST-ZIP FT LAUDERDALE, FL 33301

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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000000553664
05/15/06-80061-003 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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 oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE