

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 15 PM 3:00

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008

Chg-LP

CR2E003 (12/06)

4. FEI Number
 06-1667914

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Service U.S.A., Inc
 450 E. Las Olas Blvd.
 Suite 1500
 Ft. Lauderdale, FL 33301

L 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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
 CITY-ST-ZIP 700129201077
 05/13/08--01017--001 **500.00

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 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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