

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:49

DOCUMENT # A05000002114 1. Entity Name HIDDEN VILLAGE PROPERTIES LTD.					
Principal Place of Business 17 EAST FLAGLER STREET 219 MIAMI, FL 33131			Mailing Address PO BOX 13351 MIAMI, FL 33101		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>Hidden Village P. Properties</i> Suite, Apt. #, etc. 1550 N. W. 108 Ave City & State Miami, FL Zip 33172			
City & State Miami, FL		4. FEI Number 20-3842315		Applied For Not Applicable	
Zip 33172		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SOUTHEAST SECOND STREET, SUITE 2900 MIAMI, FL 33131			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
300129587589 05/15/08--01012--002 **500.00					
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 # NAME STREET ADDRESS CITY ST ZIP	L05000095212 MIAMI INTERNATIONAL REAL ESTATE, L.L.C. 17 EAST FLAGLER STREET, SUITE 219 MIAMI, FL 33131		STREET ADDRESS CITY-ST-ZIP		
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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: <i>Jeff S. Sigmund</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date: 4/9/08 Daytime Phone #: 305 593 9017		

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