


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A30626</b> 1. Entity Name HIDDEN LAKE VILLA ASSOCIATES, LTD.					
Principal Place of Business 500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702			Mailing Address 500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-3058125</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KAMATH, JAYAPRAKASH K 500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$382,305.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	L96144			STREET ADDRESS	
NAME	CRYSTAL BAY MGMT. CORP.			CITY-ST-ZIP	
STREET ADDRESS	500 94TH AVENUE NORTH				
CITY-ST-ZIP	ST. PETERSBURG, FL 33702				
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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STREET ADDRESS					
CITY-ST-ZIP					
14. 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 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>Jayaprakash K. Kamath</i> JAYAPRAKASH K. KAMATH, PRESIDENT				Date: <i>2/11/05</i> Daytime Phone #: <i>727-532-0558</i>	

STAPLE CHECK HERE

CRYSTAL BAY MGMT. CORP.  
 GENERAL PARTNER