## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## **DOCUMENT # A30626**

1. Entity Name

HIDDEN LAKE VILLA ASSOCIATES, LTD.



FILED May 26, 2006 8:00 A.M. Secretary of State

Principal Place of Business

500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702 Mailing Address

500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702



## DO NOT WRITE IN THIS SPACE

04202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3058125

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KAMATH, JAYAPRAKASH K 500 94TH AVENUE NORTH ST. PETERSBURG, FL 33702

## 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 Rorida. I am familiar with, and accept the obligations of registered agent.    1			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.			
	organistic, species in printed reasons of registered agent and men approache.	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	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 #	L96144		
NAME	CRYSTAL BAY MGMT. CORP.		
STREET ADDRESS	500 94TH AVENUE NORTH		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702		
DOCUMENT #			
NAME :			
STREET ADDRESS			
CITY-ST-ZIP		•	
DOCUMENT #			
NAME			
STREET ADDRESS	·	DO NOT WRITE	
CITY-ST-ZIP			
DOCUMENT #		IN THIS SPACE	
NAME		-	
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:

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/06

Daytime Phone #

JAYAPRAKASH K. KAMATH, PRES. CRYSTAZ BAY MGMT. CORP.