

# 2000 UNIFORM BUSINESS REPORT (UBR)

0014470 A:

DOCUMENT # **A93000000502**

1. Entity Name  
**HIDDEN RIVER, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**00 APR 10 PM 5:48**

Principal Place of Business <b>6108 - 26TH STREET, WEST, SUITE 2 BRADENTON FL 34207</b>	Mailing Address <b>6108 - 26TH STREET, WEST, SUITE 2 BRADENTON FL 34207-4474</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>37-1309805</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
  
**HIDDEN RIVER MANAGEMENT, INC.  
6801 - 26TH STREET WEST, SUITE 2  
BRADENTON FL 34207**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$1,020,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # <b>P93000020913</b>	NAME <b>HIDDEN RIVER MANAGEMENT, INC.</b>
STREET ADDRESS <b>6108 - 26TH STREET WEST, SUITE 2</b>	CITY - ST - ZIP <b>BRADENTON FL 34207</b>

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>300003217353--3</b>
CITY - ST - ZIP	<b>-04/21/00--01003--003</b> <b>****526.25 ****526.25</b>

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: *[Signature]* **SIGNATURE REQUIRED** *[Signature]* **4/5/00 (941) 755-3731**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)