2002 UNIFORM BUSINESS REPORT (UBR) W3/7 A93000000502 DOCUMENT # FILED SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS HIDDEN RIVER, LTD. 02 MAR -4 AM 10: 36 Principal Place of Business Mailing Address 6108 - 26TH STREET, WEST, SUITE 2 6108 - 26TH STREET, WEST, SUITE 2 **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** City & State City & State 4. FEI Number Applied For 37-1309805 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIDDEN RIVER MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 6801 - 26TH STREET WEST, SUITE 2 **BRADENTON FL 34207** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,020,000.00 as Shown on record in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 ADDRESS CHANGES ONLY P93000020913 DOCUMENT # STREET ADDRESS HIDDEN RIVER MANAGEMENT, INC. NAME 6108 - 26TH STREET WEST, SUITE 2 STREET ADDRESS CITY-ST-ZIP 800005073058 **BRADENTON FL 34207** CITY-ST-ZIP DOCUMENT # ****526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 3 STREET ADDRESS NAME STREET ADDRECT CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

14. I hereby certify that the information supplied with this filling 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 any 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 his report as required by Chapter 620, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

DOCUMENT #

CITY-ST-7IP

NAME STREET ADDRESS

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CR2E003 (9/01)