


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Feb 12, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A93000000502 1. Entity Name HIDDEN RIVER, LTD. |  |
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| Principal Place of Business 6108 - 26TH STREET, WEST, SUITE 2 BRADENTON FL 34207 | Mailing Address 6108 - 26TH STREET, WEST, SUITE 2 BRADENTON FL 34207 |
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|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |



MOORE CR2E003 (11/03)

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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 |
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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 _____
Signature typed or printed name of registered agent and title if applicable.

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| 9. Capital Contributions as Shown on record. \$1,020,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. 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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|-----------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P93000020913 HIDDEN RIVER MANAGEMENT, INC. 6108 - 26TH STREET WEST, SUITE 2 BRADENTON FL 34207 | STREET ADDRESS CITY - ST - ZIP | 1100000069936 02/28/04-80005-008 526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | 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 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:  **SAUL PASTER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/10/04 941-7553731
Date Daytime Phone #

STAPLE CHECK HERE