2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:38

DOCUMENT # A94000001737

1. Entity Name
HIDDEN CREEK VILLAS, LTD.

Principal Place of Business	Mailing Address
707 MENDHAM BLVD, SUITE 201 ORLANDO, FL 32825	707 MENDHAM BLVD., STE. 201 ORLANDO, FL 32825

02292008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
495 N. Keller Rd.	495 N. Keller Rd.
Suite, Apt. #, etc. Ste. 301	Suite, Apt. #, etc. Ste. 301
City & State Maitland, FL	City & State Maitland, FL
Zip 32751 Country USA	Zip 32751 Country USA

4. FEI Number
59-3291011
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name: Louis E. Vogt Street Address (P.O. Box Number is Not Acceptable): 495 N. Keller Rd., Ste. 301 City: Maitland FL Zip Code: 32751

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: X Louis E. Vogt 3/14/08
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS $500.00
After May 1, 2008, Fee will be $900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000069617	STREET ADDRESS	495 N. Keller Rd., Ste. 301
NAME	BRM HIDDEN CREEK LLC	CITY-ST-ZIP	Maitland, FL 32751
STREET ADDRESS	707 MENDHAM BLVD., STE. 201		
CITY-ST-ZIP	ORLANDO, FL 32825		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: X Louis E. Vogt 3/14/08 407-478-1290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #