# A9400001737

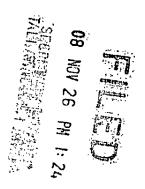
(Requesto	or's Name)	
(Address)	•	
(Address)	<u> </u>	
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	Entity Name)	
(Documer	nt Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

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S. HAWKES
DEU 0 2 2008
EXAMINER

### COVER LETTER

Registration Section

Division of Corporations

SUBJECT: Hidden Creek Villas, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership)

## DOCUMENT NUMBER: A94000001737

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jill M. Lager

(Contact Person)

Banyan Realty Advisors

(Firm/Company)

1665 Palm Beach Lakes Blvd., Suite 400

(Address)

West Palm Beach, FL 33401

(City, State and Zip Code)

For further information concerning this matter, please call:

Jill M. Lager

(Name of Contact Person)

\_at ( 561 ) 478-9800 x107 (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

#### STREET ADDRESS:

Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

**MAILING ADDRESS:** 

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

INHS04 (01/06)

# LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Hidden Cree	k Villas, Ltd.				
Nam	e of Limited Partnership or Limited	Liability Limited Partnership			
<sub>2.</sub> 12/15/1994		3. A94000001737			
Date of filing/r	egistration in Florida	Florida document number	er		
4. The name of the regi	istered agent and the registered office	e address as shown on the records of t	the Florida		
İ	Louis E. Vogt				
_	Name				
4	495 N. Keller Road, Տւ	iite 301			
_	Address	<u> </u>			
1	Maitland, FL 32751	•			
_	City, State and	Zip	20	80	
5. The name and Florid	la street address of the new registere	d agent and/or office:			
l	Louis E. Vogt			NON	
_	Name			26	
ţ	501 N. Magnolia Aveni	ne		꾿	
-	Florida street address (P.O. Bo	ox not acceptable)			
. (	Orlando	<sub>FL</sub> 32801		1: 24	
_	City, State and	Zip	مورا	-	
6. Such change(s) is/ste	effective when filed by the Elorida	Department of State.			
Xaen	5 //61//				
Signature of General Pa	rtner				
comply with the provision and I am familiar with a	ons of all statutes relative to the project accept the obligations of my positions of my positions of the project accept the obligations of the project accept the positions of the project acceptance o	ree to act in this capacity. I further as per and complete performance of my d ion as registered agent.			
Signature of Registered	Agent O				
Filing Fee:	\$35.00				
Certified Copy (op	tional): \$52.50				