

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
A 98000002819
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -7 PM 2: 24

MK 1/7/98

1. Name of Limited Partnership HIDDEN GROVE, LTD.		1a. DOCUMENT #	
Mailing Address 1460 BRICKELL AVE #309 MIAMI, FLA 33131		Principal Office Address	
2. Mailing Address 1460 BRICKELL AVE Suite, Apt. #, etc. 309 City & State MIAMI FL Zip 33176 Country DADE		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/21/98		5a. Capital Contributions as Shown on record. \$101.00	
3a. Date of Last Report 12/21/98		5b. Amount of Capital Contributions in FLORIDA to date: \$100	
4. State or Country of Formation FLORIDA		6. FEI Number APPLIED FOR <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent LYNN WASHINGTON HOLLAND & KNIGHT, LLP 701 BRICKELL AVE, #3000 MIAMI, FLA 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002739435--7 Suite, Apt. #, etc. -01713/99-01037-010 City MIAMI FL Zip Code 33131	
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MK 1/1/98

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or operating under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s), hereby a true and correct appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
GMW-HIDDEN, INC.	1460 BRICKELL AVE #309	MIAMI, FL 33176	P9800010565-651
SDRC-HIDDEN, INC.	7800 SW 57TH AVE STE 133	SOUTH MIAMI, FLORIDA 33143	P98000105642
ANI-HIDDEN, INC.	2665 S. BAYSHORE DRIVE SUITE 202	COCONUT GROVE, FLORIDA 33133	P98000105649

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE [Signature] DATE **1/5/98**
 Typed or Printed Name of General Partner Signing Form **GMW-HIDDEN, INC.** Daytime Telephone Number **305 374 5503-116**

CR2E003 (8/98)