

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000002819

1. Entity Name
HIDDEN GROVE, LTD.

FILED

01 JAN 29 AM 10:59 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**C/O GREATER MIAMI NEIGHBORHOODS, INC.
300 N.W. 12TH AVENUE
MIAMI FL 33128**

Mailing Address
**C/O GREATER MIAMI NEIGHBORHOODS, INC.
300 N.W. 12TH AVENUE
MIAMI FL 33128**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **65-0884444**
Applied For
Not Applicable

Zip Country

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

**MARTORANO, SALVATORE C
300 N.W. 12TH AVENUE
MIAMI FL 33128**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$6,570,000.00**

10. Amount of Capital Contributions in FLORIDA to date **\$ 6,570,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	P98000105651
NAME	GMN-HIDDEN, INC.
STREET ADDRESS	300 N.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI FL 33128
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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: *[Signature]* **SIGNATURE REQUIRED** *MARTORANO* 1/26/01 305 324 5785 ^{X113}
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)