


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Apr 30, 2005 08:00 AM
Secretary of State**


DOCUMENT # A9800002819
1. Entity Name
HIDDEN GROVE, LTD.



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

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State Zip Country



01262005 Chg-LP CR2E003 (10/03)
4. FEI Number 65-0884444 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARTORANO, SALVATORE C
300 N.W. 12TH AVENUE
MIAMI, FL 33128

7. Name and Address of New Registered Agent
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. 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

9. Capital Contributions as Shown on record: \$6,570,000.00
10. Amount of Capital Contributions in FLORIDA to date

**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

DOCUMENT #	P98000105651
NAME	GMN-HIDDEN, INC.
STREET ADDRESS	300 N.W. 12TH AVENUE
CITY - ST - ZIP	MIAMI, FL 33128
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	400000346025
CITY - ST - ZIP	04/30/05-80060-009 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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 exemption stated in Section 119.07(3)(f), 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: Salvatore Martorano 08/04/2005 (305) 224-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #