## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 30, 2004 08:00 AM Secretary of State

863-284-0637

	ANNUA	L KEPOK I	•		00, 200 T
DOCUMENT # L0000004987				Se	cretary of State
1. Entity Name					
HIDDEN	OAKS OF CENTRAL FLO	RIDA, L.L.C.			
Principal Plac	e of Business	Mailing Address	<u> </u>		
	RIDA AVENUE	1420 S. FLORIDA AVENUE			
LAKELAND, F	-L 33803	LAKELAND, FL 33803			
DO NOT WRITE IN THIS SPACE			CE	04282004 No Chg-LLC	CR2E083 (10/03)
				4. FEI Number 59-3650051	Applied For Not Applicable
				5. Certificate of Status Desire	êE OO Lille
	C. Name and Address of Course	A Province of Barrel		5. Commodie of Otalia Dasile	Fee Required
	6. Name and Address of Currer	it Registered Agent	<b>-</b>   · · · · ·	3 1. 12 massac (#1 mass	· <del></del>
HARPER, ROBERT F III 1420 S. FLORIDA AVENUE LAKELAND, FL 33803			1	DO NOT \	MOITE
ENICEPHIAN, E 00000				IN THIS S	SPACE
8. The above	named entity submits this statement	for the purpose of changing its registe	red office or register	ed agent, or both, in the State of	Florida. I am familiar with, and accept
the obligat	ions of registered agent.				Tronsis vaccianda viagano accipi
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling)					
		**************************************		04/30/0	00142062 4-80037-001 50.00
	ling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMI	BERS/MANAGERS			
TITLE NAME	MGR HARPER, PAUL SEAN				
STREET ADDRESS	5299 STONE OAKS DR				
CITY-ST-ZIP	LAKELAND, FL 33811				
TRILE			1		
NAME					
STREET ADDRESS CITY-ST-ZIP			1		
TITLE			<b></b>	·· <del>····</del>	<del></del>
NAME			•		
STREET ADDRESS				DO NOT	MOITE
CITY-ST-ZIP				DO NOT	WHILE
TITLE				IN THIS S	SPACE
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE			1		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
title Name			1		
STREET ADDRESS					
CITY-SI-ZIP					
11. I hereby of indicated	certify that the information supplied won this report is true and accurate an	ith this filing does not qualify for the ex of that my signature shall have the san ee empowered to execute this report a	emption stated in Se ne legal effect as if n	ction 119.07(3)(i), Florida Statut nade under oath, that I am a ma	es. I further certify that the information naging member or manager of the
million na	nuch cossitions as the session of (102)	aa Aushawataa ta axacasa sus sabost s	та седонео ру слар	er ous, fidhua statutes.	