

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90029 032 ****50.00

DOCUMENT # L01000000616



1. Entity Name
HIDDEN LAKES AT WOODS EDGE, LLC

Principal Place of Business
**2646 TRILLIUM WAY
NAPLES FL 34104**

Mailing Address
**2646 TRILLIUM WAY
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **61-1382420**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIKET, ANDREW G
SIKET & SOLIS LLP
1100 FIFTH AVE S SUITE 301
NAPLES FL 34102**

Name **CHERYL KRAUS, ESQ.**
Street Address (P.O. Box Number is Not Acceptable)
KRAUS + BALLINGER
1072 GOODLETTE ROAD NORTH
City **NAPLES** FL Zip Code **34102**

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 **CHERYL R. KRAUS, ESQUIRE** DATE **4/25/03**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCINTOSH, BARRY 111 CALLOWAY CT., STE. 202 BOWLING GREEN KY 42103	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **X [Signature]** **REQUIRED**

X 4-25-03

CR2E083 (10/02)