


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90016 035 \*\*\*\*50.00

<b>DOCUMENT # L01000002478</b>			
1. Entity Name <b>HIDDEN COAST PROPERTIES LLC</b>			
Principal Place of Business <b>609 EAST GORRIE DRIVE ST. GEORGE ISLAND FL 32328</b>		Mailing Address <b>301 LOGAN RD MANSFIELD OH 44907-2816</b>	
2. Principal Place of Business		3. Mailing Address <b>LEACH, SUSAN K. 609 EAST GORRIE DR</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ST. GEORGE ISLAND, FL</b>	
Zip	Country	Zip	Country
<b>32328</b>	<b>FL</b>	<b>32328</b>	<b>FL</b>



1st MOORE CR2E083 (10/05)

4. FEI Number <b>58-2604052</b>		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LEACH, SUSAN K 609 EAST GORRIE DRIVE ST. GEORGE ISLAND FL 32328</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEACH, PATRICK D 301 LOGAN RD MANSFIELD OH 44907-2816</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEACH, PATRICK D. 609 E. GORRIE DR. ST. GEORGE ISLAND FL 32328</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEACH, SUSAN K 609 E GORRIE DR ST GEORGE ISLAND FL 32328</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 exemptions contained in Section 119, 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:** Susan K. Leach **3-20-06 850-927-2005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Chapter Phone #