


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000002478</b> 1. Entity Name <b>HIDDEN COAST PROPERTIES LLC</b>	
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Principal Place of Business <b>609 EAST GORRIE DRIVE ST. GEORGE ISLAND, FL 32328</b>	Mailing Address <b>LEACH, SUSAN K. 609 EAST GORRIE DR ST. GEORGE ISLAND, FL 32328</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>58-2604052</b>	Applied For Not Applicable
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>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1100000247808

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

04/28/08-80003-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEACH, PATRICK D 609 EAST GORRIE DR ST. GEORGE ISLAND, FL 32328</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LEACH, SUSAN K 609 E GORRIE DR ST GEORGE ISLAND, FL 32328</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** 

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

**PATRICK D LEACH**

**3/24/08**

Date

**419 610 9213**

Daytime Phone #