


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90282 002 ****50.00

DOCUMENT # L01000005644 1. Entity Name HIDDEN LAKE TREE FARM, L.L.C.					
Principal Place of Business 1294 TIMBERLANE ROAD TALLAHASSEE, FL 32312			Mailing Address 1294 TIMBERLANE ROAD TALLAHASSEE, FL 32312		
2. Principal Place of Business 2286-3 Wednesday ST. Suite, Apt. #, etc.			3. Mailing Address 2286-3 Wednesday ST Suite, Apt. #, etc.		
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-3747729	
Zip 32308		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GIBBS, HAROLD F 1294 TIMBERLANE ROAD TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name <u>Harold Gibbs</u> Street Address (P.O. Box Number is Not Acceptable) <u>2286-3 Wednesday ST.</u> City <u>Tallahassee</u> FL Zip Code <u>32308</u>	
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 <u>[Signature]</u> DATE <u>4/12/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIBBS, HAROLD F 1294 TIMBERLANE RD. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Harold Gibbs 2286-3 Wednesday ST. Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/9/04</u> Daytime Phone # <u>(850) 893-9694</u>		

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