


2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90030 039 ****50.00

DOCUMENT # L01000010304 1. Entity Name HIDDEN SPRINGS, LLC	
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Principal Place of Business 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	Mailing Address P.O. BOX 5176 NICEVILLE, FL 32578
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01062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3731830	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BURKE, LES W ESQ.
221 MCKENZIE AVE.
C/O BURKE & BLUE, P.A.
PANAMA CITY, FL 32401

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIMS, PAUL 4502 HIGHWAY 20 EAST NICEVILLE, FL 32578
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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: Paul Sims PAUL SIMS, MANAGER 1/14/04 850 897-6608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #