

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020793

Entity Name: HIDEAWAY HOMES, LLC

FILED  
Apr 12, 2006  
Secretary of State

**Current Principal Place of Business:**

1940 CIRCLE DRIVE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

1940 CIRCLE DRIVE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

FEI Number: 90-0002193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOOLLEY, CAROLYN J  
1940 CIRCLE DRIVE  
NORTH PALM BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DYER, LARRY P III  
Address: 1959 SERVICE RD.  
City-St-Zip: JUNO, FL 33408 PB

Title: MGR ( ) Delete  
Name: WOOLLEY, CAROLYN J  
Address: 1940 CIRCLE DRIVE  
City-St-Zip: JUNO, FL 33408 PB

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DYER, LARRY P III  
Address: 1959 SERVICE RD.  
City-St-Zip: NORTH PALM BEACH, FL 33408 PB

Title: MGR (X) Change ( ) Addition  
Name: WOOLLEY, CAROLYN J  
Address: 1940 CIRCLE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408 PB

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAWRENCE P. DYER III

PRES

04/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date