## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 01, 2006 08:00 AM Secretary of State

|  |                                     |                                    |                        | Secretary of State  |
|--|-------------------------------------|------------------------------------|------------------------|---|
| DOCUMENT # L02000008541  |                                     |                                    |                        | ) Secretary of State  |
| 1. Entity Name   |                                     |                                    |                        |   |
| HIDDEN OAKS L.L.C.   |                                     |                                    |                        |   |
|  |                                     |                                    |                        |   |
|  |                                     | A4 m - 5 4 1                       |                        | -   |
| •  | e of Business                       | Mailing Address                    |                        |   |
| 128 WEST OAK STREET 128 WEST OAK STREET ARCADIA, FL 34266 ARCADIA, FL 34266  |                                     |                                    | }                      |   |
| ר יענטעטאנט ד  | 34200                               | אווטאטווי, וב שיצטט                |                        |   |
|  |                                     |                                    |                        |   |
|  |                                     |                                    |                        |   |
|  |                                     |                                    |                        |   |
| DO NOT WRITE IN THIS SPACE   |                                     |                                    |                        | 04272006 No Chg-LLC CR2E083 (11/05)   |
|  |                                     |                                    |                        | 4. FEI Number Applied For   |
| The same and the s |                                     |                                    |                        | 03-0433539 Not Applicable   |
|  |                                     |                                    |                        | \$5.00 Addition   |
|  |                                     |                                    |                        | 5. Certificate of Status Desired Fee Required                               |
|  | 6. Name and Address of Current F    | logistered Agent                   |                        |   |
|  |                                     |                                    |                        |   |
| HACKNEY, WILLIAM A JR  |                                     |                                    | DO NOT WRITE           |   |
| 128 W. OAK STREET ARCADIA, FL 34266  |                                     |                                    |                        | mary are management as  |
| ANGADIA,   | , 172 34200                         |                                    |                        | IN THIS SPACE   |
|  |                                     |                                    |                        |   |
|  |                                     |                                    |                        |   |
|  |                                     | the purpose of changing its regist | ered office or registe | red agent, or both, in the State of Florida. I am familiar with, and eccept |
| the obligations of registered agent.   |                                     |                                    |                        |   |
| SIGNATURE  |                                     |                                    |                        |   |
| Signature, typed or printed name of registered agent and the if applicable. (NOTE, Registered Agent signature required when remainting).   |                                     |                                    |                        |   |
|  |                                     |                                    |                        |   |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |                                     |                                    |                        |   |
|  |                                     |                                    | <u></u>                |   |
| 9.   | MANAGING MEMBER                     | RS/MANAGERS                        |                        |   |
| DUTE   | MGR                                 |                                    | ł                      |   |
| NAME<br>express apported   | MARTIN, WILLIAM E                   | ·,                                 | -                      |   |
| STREET ADDRESS<br>CITY-ST-ZIP  | 3410 SE CR 760<br>ARCADIA, FL 34266 |                                    | - 1                    |   |
|  | ANGADIA, FL 34200                   |                                    | <b></b> }              |   |
| TITLE  | }                                   |                                    | 1                      |   |
| NAME<br>STREET ADDRESS   |                                     |                                    | •                      | (አትሮስሮስርር 4 7000)   |
| CITY-ST-ZIP  | <b>{</b>                            |                                    |                        | U00000547208<br>65/12/06-80015-814-50,00                                    |
| TITLE  |                                     |                                    | -{                     | 4 GO 20013 014 30.00  |
| NAME   |                                     |                                    |                        |   |
| STREET ADDRESS   |                                     |                                    |                        | DO MOT WOLF   |
| CHTY - ST - ZDP  |                                     |                                    |                        | DO NOT WRITE  |
| IIITE  |                                     |                                    |                        | IN THIS COACE   |
| NAME   |                                     |                                    | Preside                | IN THIS SPACE   |
| STREET ADDRESS   |                                     |                                    |                        |   |
| CITY-SI-ZIP  |                                     |                                    | _{_{1}}                | <u>.</u> .  |
| TITLE  |                                     |                                    | 1                      |   |
| NAME   |                                     |                                    | 1                      |   |
| STREET ADDRESS   |                                     |                                    | 1                      |   |
| CITY-ST-ZIP  |                                     |                                    | _i                     | ÷ .   |
| TITLE  |                                     |                                    | 1                      |   |
| MAME   |                                     |                                    | 1                      |   |
| STREET ADDRESS   |                                     |                                    | 1                      |   |
| CITY-ST-ZIP  |                                     | and a my                           | _ <del>[</del>         |   |
| 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 game legal effect as if made under cath; that I am a managing member or manager of the   |                                     |                                    |                        |   |