2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L02000014744 02-06-2006 90175 020 ****50 00 1. Entity Name THE HIDEAWAY LLC Principal Place of Business Mailing Address 525 NORTH NEWNAN STREET **525 NORTH NEWNAN STREET** JACKSONVILLE FL 32202 JACKSONVILLE FL 32202 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For <u> 56-2363138</u> Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FREEDMAN, NORMAN P PA Street Address (P.O. Box Number is Not Acceptable) **525 NORTH NEWNAN STREET** JACKSONVILLE FL 32202 Zip Code 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 Squarure, typind or printed name of registered agent and tide at subdictable. DATE (NOTE, Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS TITLE Detelé TITLE ☐ Change ☐ Addition FREEDMAN, NORMAN P NAME NAME STREET ADDRESS 525 NORTH NEWNAN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32202 TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME SACHS, BERNARD STREET ADDRESS STREET ADDRESS 4176 PALOMA POINT COURT CITY-ST-ZIP CITY-ST-78P JACKSONVILLE FL 32217 ☐ Delege TITLE ☐ Change _ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete nn F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 employed to execute this report as required by Chapter 608, Florida Statutes. -26-06

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 27, 2006 8:00 am



ATTACHMENT 30001085

FLORIDA DEPARTMENT OF STATE

न्यु अन्यक्षित्र स्टिन्स । व्याप्त स्वयं प्रत्य व व व व व्यवस्था

February 9, 2006

THE HIDEAWAY LLC 525 NORTH NEWNAN STREET JACKSONVILLE, FL 32202

Subject: THE HIDEAWAY LLC

Reference Number:

L02000014744

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION

EIN 56-2363138