

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

8/23

FILED
Sep 20, 2004 8:00 am
Secretary of State

08-23-2004 90152 029 ****50.00

DOCUMENT # L02000021631

1. Entity Name
HIDDEN VILLAGE JZ, LLC



Principal Place of Business
**2200 W. COMMERCIAL BLVD
SUITE 300
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**2200 W. COMMERCIAL BLVD
SUITE 300
FORT LAUDERDALE, FL 33309 US**



07212004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

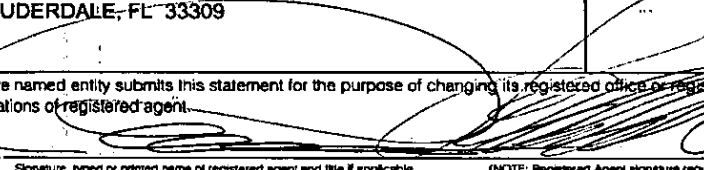
5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZIMMERMAN, JORDAN
2200 W. COMMERCIAL BLVD
SUITE 300
FORT LAUDERDALE, FL 33309**

**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 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/15/04
DATE

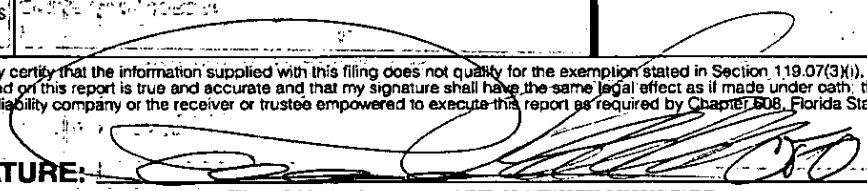
**Filing Fee is \$50.00
Due by September 8, 2004.**

MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	ZIMMERMAN, JORDAN
STREET ADDRESS	2200 W. COMMERCIAL BLVD., SUITE 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

9/15/04
DATE

Daytime Phone #