

# **2004 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L02000023483

**FILED**  
**Oct 22, 2004**  
**Secretary of State**

**Entity Name:** HIDDEN VILLAGE RL, LLC

**Current Principal Place of Business:**

333 SOUTH KIRKWOOD  
SUITE 200  
ST. LOUIS, MO 63122 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CAROLE WELLE  
333 SOUTH KIRKWOOD., STE 200  
SAINT LOUIS, MO 63122 US

**New Mailing Address:**

C/O RICHARD C. LEHMAN, M.D.  
333 SOUTH KIRKWOOD., STE 200  
SAINT LOUIS, MO 63122 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

LEHMAN, GARY  
201 SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: LEHMAN, RICHARD C  
Address: 333 OUTH KIRKWOOD, STE 200  
City-St-Zip: SAINT LOUIS, MO 63122

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LEHMAN, RICHARD C  
Address: 333 SOUTH KIRKWOOD, STE 200  
City-St-Zip: SAINT LOUIS, MO 63122 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHARD C. LEHMAN, MANAGING MEMBER                      MGRM                      10/22/2004

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